

# Revised Performance Outcomes Data Collection & Submission Training Manual (2007)



*California Department of Mental Health  
Performance Outcomes and Quality Improvement Unit  
Revised April 2007*

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# Chapter 1 Overview

## Purpose

The Department of Mental Health (DMH) views accountability as a critical component to its service mission and is encouraged by its most recent achievements in the areas of outcomes measurement and reporting. These achievements have resulted from stakeholder consensus, emphasis on data standardization, and the integration of technological innovations. The DMH is required to collect and report to the legislature data on county performance as established by AB 188 (Bronzan, Chapter 89, Statutes of 1991), commonly known as Realignment. Additionally, as a condition of receiving federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds, DMH must also be responsive to federal performance reporting initiatives and incorporate nationally derived accountability indicators.

For 2007, SAMHSA has made changes to the required surveys, affecting the Mental Health Statistics Improvement Project (MHSIP) forms, the Youth Service Survey (YSS) and the YSS for families (YSS\_F). Additional changes can be expected in the future.

The purpose of this revised *Performance Outcomes Data Collection & Submission Training Manual* is to update counties on the revised forms and to provide an overview of the state-of-the-art Internet-based reporting methods and procedures established to meet these mandates and detailed instructions for how to use the system.

## Background

The survey method used since 2003 uses a point-in-time method that targets all consumers receiving face-to-face mental health services, case-management, day treatment and medication services from county-operated and contract organization providers during a two-week sampling period semi-annually.

This system uses a scanning and verification technology system to capture and process data centrally at DMH headquarters in Sacramento. This system has not changed, just the content of the forms to be scanned. This manual provides basic instructions on the scan and verify system and hopefully clears up confusing or overlooked issues discovered during the previous survey periods. The goal is to make that next round of data collection & submission process even easier for county staff.

## Target Population

There has been no change in the Target Population. Consumers receiving the following services from county-operated and contract organization providers during the sampling period should be INCLUDED in the survey process:

- face-to-face mental health services
- case-management
- day treatment
- medication services

**Note:** All consumers should be administered the consumer perception surveys regardless of funding source.

Consumers served in the following settings should be EXCLUDED from the survey process:

- acute hospitals
- Psychiatric Health Facility (PHF)
- crisis (stabilization, residential and intervention)
- jail and jail hospital settings
- long-term care residential placements [e.g., State hospitals, Institute for Mental Disease (IMD)]
- Individual / group contract managed-care network providers

## Instrumentation

The new questions required by SAMHSA have been added to the previous forms and some questions have been renumbered. The previous forms were developed through an extensive review project ensure that quality indicators of specific relevance to California's public mental health system would be measured, and to ensure data comparability with national quality benchmarks. Through the assistance of a Performance Outcomes Steering Committee, with representation from the California Mental Health Planning Council (CMHPC), California Mental Health Directors Association (CMHDA), county program management, county evaluation/quality improvement personnel, and consumer and family members, DMH adopted the most recent version of the national Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, as well as the Youth Services Survey for Youth (YSS) and Youth Services Survey for Families (YSS-F). Performance Outcomes Steering Committee members also recognized the importance of collecting quality of life data as a mental health outcome for adults and older adults, and advocated for the development of two somewhat different quality of life (QOL) measures, tailored to the specific needs of each population. Table 1.A, below, provides brief descriptions of required survey forms. Data dictionaries are available for all of the forms and can be downloaded at <http://www.dmh.ca.gov/poqi/podd.asp>. New questions have been shaded in the data dictionary.

**Table 1.A**

| SURVEY FORM                           | MEASURES  | COMPLETED BY    |
|---------------------------------------|---|-----------------|
| Youth Services Survey for Youth (YSS) | Consumer perspective on issues such as access, cultural sensitivity, participation in treatment, planning outcomes and satisfaction, as well as | Youth age 13-17 |

|  |  |  |
|--|--|--|
|  | background/demographic questions   |  |
| Youth Services Survey for Families (YSS-F) | Consumer perceptions of care on issues such as access, cultural sensitivity, participation in treatment, planning, outcomes and satisfaction, as well as background/demographic questions  | Parents/Caregivers of youth <u>under</u> the age of 18 |
| Adult Survey                               | Consumer perceptions of care on issues such as access, appropriateness, participation in treatment, planning, outcomes and satisfaction, as well as background/demographic questions and quality of life questions                           | Consumer Age 18-59                                     |
| Older Adult Survey                         | Consumer perceptions of care on issues such as access, appropriateness, participation in treatment, planning, outcomes and satisfaction, as well as background/demographic questions and quality of life questions specific to older adults. | Consumer age 60+                                       |

Collectively, these instruments assess consumers' perceptions of quality and outcomes of care, and are being used for broad-based evaluation of California's community-based mental health services (see website for examples of each form, <http://www.dmh.ca.gov/POQI/documents.asp> ).

Currently, all instruments are available in English, Spanish, Chinese, and Russian to accommodate many of the language needs of California's diverse mental health consumer population. DMH will continue working on developing other language translations based on the establishment of Medi-Cal threshold languages across counties.

**In cases where a consumer cannot complete a survey because it is not available in the consumer's preferred language, counties are required to indicate this on the survey form.** (See Chapter 2 for details.)

## Data Collection Time Period

Data are to be collected twice a year for two weeks during each data collection period. Dates are announced via a letter to each county director a few months before each data collection period..

## **Integrated Web-Based Technology Options**

The revised forms will still utilize the same technology as that used in surveys for the previous 3 years. This integrated web-based technology was introduced in 2004 as a state-of-the-art, integrated technology solution, designed to improve data quality and ease of data submission by counties to DMH. This data collection technology uses centralized, statewide data storage. This three-option data capture system is flexible enough to accommodate the varying data collection needs of the small, mid-sized, and large counties of California. There are 3 different options for submitting data:

Option 1: On-line key/mouse data entry (Key Entry)

Option 2: Local scanning & web-based data verification (Scan & Verify)

Option 3: Web-based text data upload (ITWS Upload)

Counties may choose one or all three options, depending on each county's unique environment and resources. These will be discussed in detail in subsequent chapters.

## **Health Insurance Portability and Accountability Act**

The collection of performance outcomes data is required by law (W&I sec. 5610, et seq.) and thus is exempt from the requirements of the Health Insurance Portability and Accountability Act (HIPAA) regarding consumer authorizations. Authorizations from consumers are not needed in order for counties to release the data to DMH. The 3 options selected by DMH for transmitting the data to DMH are secure. As required by state law (e.g., W&I Code 5328) and by HIPAA, the counties and DMH must protect the privacy of the data and store data in secure locations.

## Chapter 2

# County Staff Preparation

This chapter will review steps necessary for preparing for the data collection process. Preparation includes downloading and printing sufficient copies of the survey forms, collating and stapling the forms in advance, completing the staff section (“For Office Use Only”), as well as training staff, and administering the surveys to consumers. Confidentiality issues as they pertain to performance outcomes are also explained.

### 2.1 Obtaining Survey Forms

There are several methods to obtain forms, depending upon the data submission method you will be using. POQI created forms may be used for any of the 3 data submission options. Counties using the Key Entry option and/or the ITWS option may use the POQI-created form or they may create their own forms as long as the data submitted follow specifications described in the data dictionaries. **Those submitting data using the Scan & Verify option will have to use the POQI-created forms.** These forms are available online in Adobe Acrobat format.

### 2.2 Survey Form Characteristics

The survey forms are revised for each data collection period. **DO NOT USE OF ANY PREVIOUS VERSIONS OF THE SURVEY FORMS.** To do so will result in rejection of the survey data by the system. There is a date in the upper left hand corner of the first page of the forms. The form **MUST** have the correct date for the data collection period.

All of the POQI survey forms are created in a software program called Teleform and saved in Adobe Acrobat files. Teleform uses bubble marks to record responses, has four corner blocks, a form ‘key’ or number (unique to each form) and a page linking field. These items are especially important when the forms are being submitted via the Scan & Verify system and will be explained in more detail below.

## 2.3 Downloading Survey Forms

1. Make sure you have Adobe Acrobat reader 5.0 (or higher) installed on your computer.
2. If not, download it (it's free) from <http://www.adobe.com/>
3. Go to the POQI website at <http://www.dmh.ca.gov/poqi/> (See Figure 2.A, below).
4. Click on 'Systems Documents,' circled in Figure 2.A, below, left side of the screen.

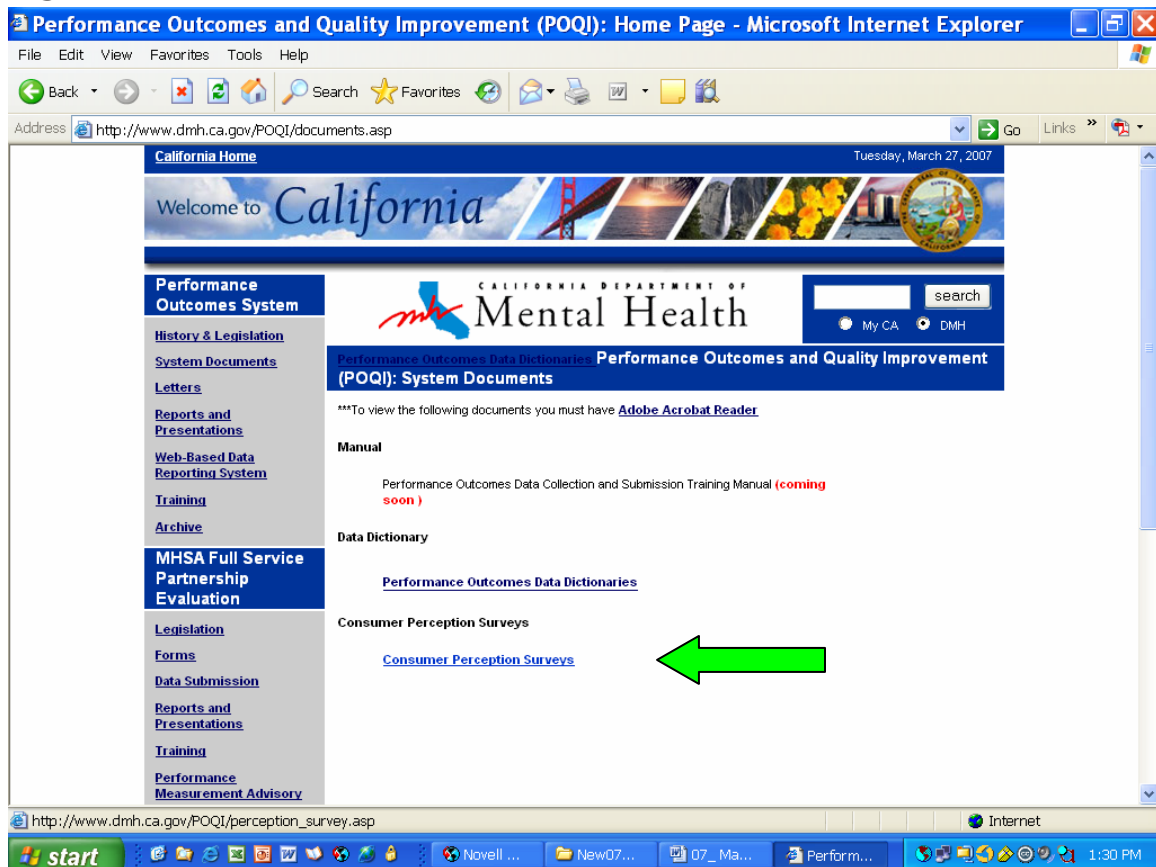
**Figure 2.A**





5. Click on the link for the “Consumer Perception Surveys.” See Figure 2.B, below.

**Figure 2.B**



6. Click on the language for the document you want to download, see Figure 2.C, below.

**Figure 2.C**



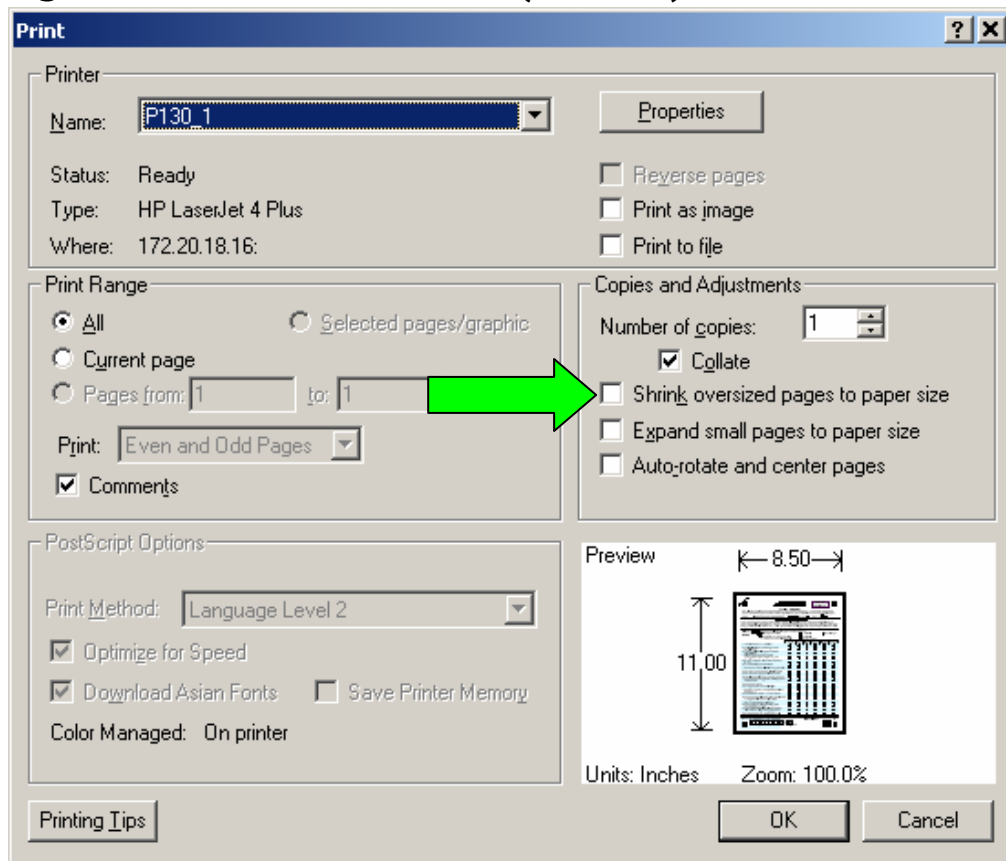
7. Save the file to your computer.

## 2.4 Printing POQI Survey Forms

Print quality is extremely important for the Scan & Verify option. Do NOT make copies of the forms but rather print directly from the Adobe file.

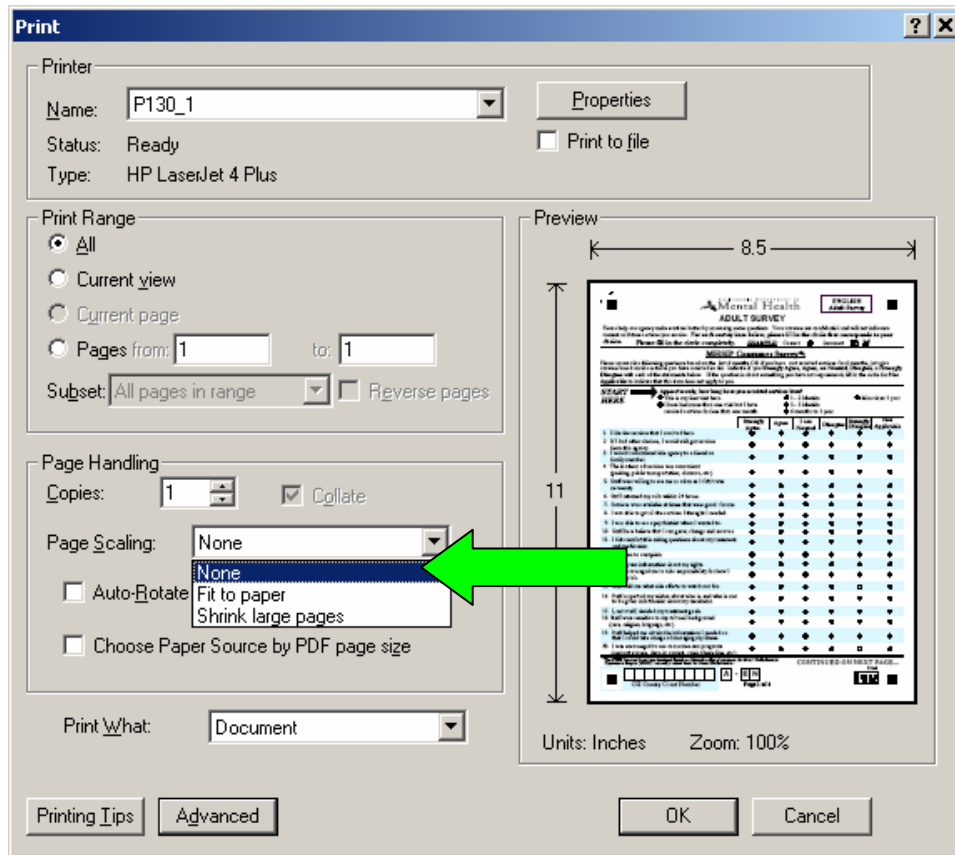
1. Open the .pdf file of the form you want to print. This was saved to your computer.
2. Click on 'File' and then click on 'Print' to get printer dialog box.
3. If you are using Adobe Acrobat 5.0, **UNCHECK** the box that reads: 'Shrink oversized pages to paper size' to ensure that the image is not shrunk. See Figure 2.D below.

**Figure 2.D** Adobe Acrobat Print Box (version 5.0)



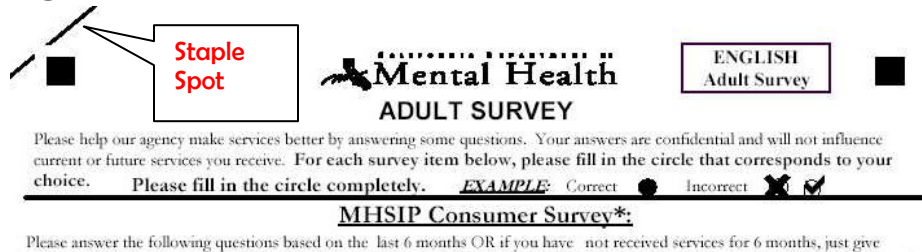
4. If you are using Adobe Acrobat version 6.0, in the print dialog box, select "None" from the 'Page Scaling' menu. See Figure 2.E, below.

**Figure 2.E** Adobe Acrobat Print Box (version 6.0)



5. Do not print pages back to back.
6. Select the number of copies of the form you wish to print out.
7. Click on 'OK' to print-out copies of the survey forms.
8. Do NOT make copies of the forms, but rather print directly from the Adobe file. This has been a problem for several counties in past data collection surveys. Copies of copies become faded and the verifier cannot read the form identification and the forms are put into the 'nonform' section during the verifying period. **Print directly from the Adobe file.**

9. Be sure that the pages of each survey form are in the correct order.
10. Be sure that each survey form has the correct number of pages (i.e., English youth and family surveys have 4 pages each, English adult and older adult surveys have 5 pages each) Note: Translated surveys may contain additional pages.

**Figure 2.F**

11. Staple the pages of each survey form together.
  - ▶ Try to avoid stapling over the corner 'Post' (black squares) on the form.
  - ▶ On the first page of each survey form a dashed line can be found in the top left corner. See Figure 2.F, below.

## 2.5 How to Mark Teleform Surveys

County staff/volunteers need to know how they and consumers should mark the forms.

1. Use black or dark blue ink pen (no pencils and no felt tip markers).
2. Completely fill a bubble to ensure maximum recognition. See example below.

Example:      Correct      ●      Incorrect      ✕      ✓

3. If an error is made, simply place an 'X' over the incorrect entry and then mark the correct bubble. See the following example:

Example:      ☐ Male      ☒ Female      ☐ Other

4. Mark only one bubble for each question, except for the few questions that ask consumers to mark all responses that apply. For most questions, marking two answers will cause the question to be excluded from analysis. Consumers need to be aware that they can only choose one answer for most questions.

## 2.6 Staff Completed Items

Most of the survey is to be completed by consumers, but the data collection staff/volunteers will complete several items before distributing the surveys to consumers. The items that staff/volunteers will complete include the CSI County Client Number (CCN), which is on every page of every form, and the section at the end of each form labeled 'For Office Use Only.' Complete the required items (discussed below) before giving the surveys to consumers.

### REQUIRED ITEMS:

1. CSI County Client Number (CCN):
  - ▶ Enter this number on every page of every form. This is the same number that is reported to the DMH Client and Services Information (CSI) System.
  - ▶ This number is part of the 'Linking' number that links the pages of one survey together. This is why it must be on every page of a consumer's survey
  - ▶ Counties should make every effort to enter a valid CCN. If the client does NOT have a CCN number yet, counties must create a "fictive" CCN number using the following procedure. The first element of the fictive number will be a "#" sign and the remaining eight numbers will be made up (hence fictive). For example, the first client lacking a CCN number in a county could be assigned "#00000001," the second client could be assigned the number "#00000002 and so on. This fictive number must be written on each page of the form. Counties **MUST** keep a log of the numeric sequence so as to avoid duplication of the fictive numbers.
  - ▶ The boxes for the CCN are found at the bottom of each page. See


**Figures 2.G and 2.H, below.**

### Figure 2.G

22. I am better able to control my life. ☐ ☐ ☐ ☐ ☐ ☐

\*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

**CONTINUED ON NEXT PAGE...**





|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

 CSI County Client Number  
\*\*\*Must be entered on EVERY page\*\*\*

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| A | - | E | N | 0 | 5 | / | 0 | 1 | / | 0 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|

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- No Empty Boxes! Fill with leading zeros if necessary.
- Right justify the numbers. For example, a CCN "1234" should appear as "000001234." This field may be alpha-numeric (contain letters and numbers). If the CCN contains letters, these surveys **MUST** be entered using the key-entry option OR contact the POQI staff for special accommodation.

2. County code (last page of the survey, “For Office Use only”):
  - ▶ If you don’t know it, see Appendix A for listings.
  - ▶ This number is part of the ‘Linking’ number that links the pages of one survey together, see Figure 2.H below.

### Figure 2.H

**Figure 2011**

*I thank you for taking the time to answer these questions!*

**FOR OFFICE USE ONLY:**

**REQUIRED Information:**

County Code:

Date of Survey Administration:   -   -

**Reason (if applicable):**

☐ Ref ☐ Imp ☐ Lan ☐ Oth

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number:

**Optional County Questions:**

County Question #1 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10  
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10  
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10  
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

**County Reporting Unit:**

36070

CSI County Client Number

\*\*\*Must be entered on EVERY page\*\*\*

5. Date that the survey was completed (see Figure 2.H, above):

4. Reason why a consumers did not complete the survey (last page of the survey). See Figure 2.H above.

- If a consumer does not complete the survey, staff must mark one of the following codes on the last page of the survey. When applicable, the 'Reason' choices are as follows:

|                     |  |
|---------------------|--|
| <b>Ref=Refused</b>  | The consumer refused to complete the survey.   |
| <b>Imp=Impaired</b> | The consumer was unable to complete the survey due to any type of significant impairment (e.g., cognitive).              |
| <b>Lan=Language</b> | The consumer was unable to complete the survey because the survey is not available in the consumer's preferred language. |
| <b>Oth=Other</b>    | The consumer was unable to complete the survey due to another reason, not specified above.                               |

- Information about surveys not completed is required for the Federal Block Grant. Completion percentages are calculated as the ratio of surveys completed to surveys attempted.

### **OPTIONAL ITEMS:**

1. Three County questions, numbered from 1-20 are available for counties to use them in any manner they chose. They can be coded as counties desire, e.g., as county provider number, service type, or any other variable of specific interest to counties. See Figure 2.1 below

- Only one bubble may be marked per county question.
- Reporting Unit has 8 spaces and can be letters or numbers.
- If assistance is required in determining how to make use of these optional items, please contact staff at the DMH POQI Unit (via email [poqi.support@dmh.ca.gov](mailto:poqi.support@dmh.ca.gov) ).

**Figure 2.1**



*I thank you for taking the time to answer these questions!*

### FOR OFFICE USE ONLY:

| REQUIRED Information:  | Optional County Questions:  |
|--|---|
| <p>County: <input type="text"/></p> <p>Date of completion: <input type="text"/> 05 <input type="text"/> 20 <input type="text"/> 07</p> <p>Reason: <input type="radio"/> Ref <input type="radio"/> Imp <input type="radio"/> Lan <input type="radio"/> Oth</p> <p>Make sure the same CSI County Client Number is written on all four pages of this survey.</p> <p>CSI County Client Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>***Must be entered on EVERY page***</p> | <p>County Question #1 (mark only ONE bubble):</p> <p><input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10<br/> <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>County Question #2 (mark only ONE bubble):</p> <p><input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10<br/> <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>County Question #3 (mark only ONE bubble):</p> <p><input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10<br/> <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20</p> <p>County Reporting Unit: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>36070</p> |

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2. County Reporting Unit Is a new set of boxes for use by the counties, see Figure 2.1 above. Again, it is optional and counties can use it to record which clinic is submitting the data or which office is scanning. Counties do not have to use this but it has been requested.

## 2.7 Survey Administration

A key element in collecting good data is identifying and training the personnel who will be administering the surveys. It is imperative that these individuals are trained to understand their important role in this process and to understand the survey forms they will be distributing. Personnel need to embrace the importance of outcomes for decision-making in public mental health and to be able to explain it to the consumers. This is a chance for consumers' to give input on their mental health services and outcomes of care. Consumer input is critical to the mental health system in California.

A study by the California Mental Health Planning Council resulted in a recommendation that clinicians should not have any contact with consumers in distributing, completing, or returning the consumer perception surveys. There is evidence to suggest that such assistance has the potential to bias consumer responses in the positive direction (due to consumer fears of retribution or service reduction/discontinuation). To prevent such bias, it is recommended that counties have peer advocates or volunteers, such as students or consumer family members (not related to the consumers being surveyed), handle the administration of surveys and complete the "For Office Use Only" fields. If peer advocates and/or other volunteers perform the survey administration process in its entirety, it is expected that the validity of consumer responses will be maximized.

DMH is suggesting the use of a conference room or office space at the service site where clinicians, case managers or others providing services may direct consumers upon completion of their service visits to complete the Consumer Perception Survey.

If peer advocates and/or other volunteers not employed by the county are handling the surveys, counties may be required to develop business associate agreements in accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines. Counties should consult their HIPAA coordinator or legal counsel to determine whether or not standard business associate agreements are on file.

## 2.8 County Staff Authorization

For security purposes, before a county can submit data, they must have staff authorized to use the POQI Web-Based Data Reporting System and the ITWS. There are **two** authorizations that counties will need to obtain for their staff. Every county mental health department in California has identified one or two individuals as "Approvers." The names of Approvers are kept by the Information Technology Web Services (ITWS) at DMH. To obtain information about who is your identified Approver, contact the ITWS Helpdesk via email ([itws@dmh.ca.gov](mailto:itws@dmh.ca.gov)) or by telephone (916-654-3117).

There are two separate authorization processes, one for accessing the Key Entry/Scan & Verify systems and one for accessing the ITWS. Each authorization will result in a unique userID and password being assigned to designated county staff. Note that

while counties may want a number of staff authorized to use the POQI system in order to key enter or verify scanned forms, fewer staff will need to be authorized to use the ITWS systems. Access to the ITWS is only needed by one or two people from each county for uploading and downloading of data files.

1. Authorization for Key Entry/Scan & Verify:

- ▶ The county approver must email a list of persons they want to have approved to submit POQI data.
- ▶ The email must contain the email address and telephone number of each person, and specify if they need access to Key Entry, Scan & Verify or both.
- ▶ Email the list to the POQI unit, at [pogi.support@dmh.ca.gov](mailto:pogi.support@dmh.ca.gov)
- ▶ Requests for authorization will be processed by the POQI staff. Once approved, User IDs and passwords will be provided to each individual by phone.
- ▶ For security reasons, passwords will change with each round of data collection.

2. Authorization for ITWS (Uploading & downloading data):

- ▶ Go to the DMH ITWS web page at <https://mhhitws.cahwnet.gov/>.
- ▶ Follow the instructions listed under the “Enroll” menu option.

## 2.9 Confidentiality of Data

State law and HIPAA both protect the consumers' privacy. State law requires the collection of the performance outcomes data and federal law allows it. Thus, it is not necessary for DMH or the counties to get authorization from consumers to collect these data. If there are concerns about this issue please contact DMH at [candace.cross-drew@dmh.ca.gov](mailto:candace.cross-drew@dmh.ca.gov) or 916-653-4582.

It is important, however, that consumer confidentiality must be ensured as part of the process of collecting the data. HIPAA still applies to the protection of data that contain Protected Health Information (PHI). Data collection staff, whether county employees or volunteers, must protect consumer privacy and confidentiality.

As noted previously, if peer advocates and/or other volunteers will be handling PHI and are not employed by the county, it will be necessary for counties to develop business associate agreements in accordance with HIPAA guidelines. Counties are urged to contact their county HIPAA coordinator or legal counsel to determine whether or not standard business associate agreements are on file.

A county may also want to provide an “Assurance of Confidentiality” statement along with the survey when given to the consumer. The following is an example of the text of such a statement:

*“This is to assure you as a consumer receiving mental health services through [insert agency name here] that the consumer perception surveys that you are about to complete is confidential. Your therapist will not see this and your responses will in no way affect your right to services. Because [insert county name] County will use the results to improve the quality of services, we are interested in your honest opinions, whether they are positive and/or negative. Thank you for your cooperation and help in improving our services to you!”*

**Note:** This example assumes that the clinician will neither provide assistance to the consumer in completing the surveys, nor have access to individual consumer responses.

Finally, to encourage accurate responses, it is crucial that individuals who complete the consumer perception survey be assured confidentiality of their responses so that they will not have any fear of retribution. They should be told that their clinical/service provider will not see their specific responses, and this should in fact be the case. The survey should never be returned directly to the clinician. Clinicians and other direct service providers should only receive aggregate summary data.

In sum, Counties are urged to have completed surveys handled in a confidential manner by peer advocates/volunteers or by county staff who are not directly responsible for providing services/treatment to the consumer.

## **2.10 “Comments” Section on the Consumer Perception Survey**

The “Comments” section of the survey was initially intended for county use in quality improvement processes, and it continues to be part of the survey. With regard to the comments section, however, DMH was notified during the 2003 data collection period that some consumers were reporting information about abuse / neglect, etc. that necessitates mandated reporting on the part of county staff to the local police or sheriff’s department, county probation department (if designated by the county to receive mandated reports), or county welfare department (e.g., Child Protective, Adult Protective agencies).

**In light of this finding, it is the responsibility of county quality improvement / assurance or other administrative staff to review the survey (particularly the comments section) for any information that requires an immediate response prior to submitting them to DMH.**

Although the surveys indicate to the consumer that information will be held confidential, California law requires disclosure of abuse information for the purposes of ensuring the consumer’s safety. Survey responses are a source of information subject to the Child Abuse and Neglect Reporting Act (Penal Code Sections 11164-11174.4) and elder or dependent adult abuse reporting law (Welfare and Institutions Code Sections

15630-15632). It is assumed that counties are providing information to consumers regarding the limits of confidentiality (which would cover the survey administration).

The sample confidentiality statement contained in Chapter 2 of this manual also states that the information will not be shared with the treating clinician. If such a confidentiality statement has been provided or it has been otherwise indicated to the consumer that the information will not be shared with the clinician, there may be a valid reason why the consumer does not want this information shared with their clinician. As a result, it may not be appropriate (nor necessary) to share this information with the treating clinician in order to protect the consumer. (Additionally, any consumer reporting of impropriety with respect to staff becomes both a legal and an administrative issue.)

Counties are required to report potential abuse as required by law, and to address potentially ensuing clinical, investigative, personnel, legal issues, etc. commensurate with local policies and procedures that govern such matters. Please note DMH will not be entering, nor compiling information from the comment sections of the surveys.

## **2.11 Data Submission Options**

Counties have three options for submitting performance outcomes data:

1. Option 1 On-line key/mouse data entry (Key Entry).
2. Option 2 Local scanning/web-based data verification (Scan & Verify).
3. Option 3 Web-based text data upload, via the Information Technology Web Service (ITWS).

While the majority of counties have chosen to primarily use Option 2, each of the three options is available to all counties for any part of the data submission process and, therefore, it is important for county staff to understand how to use each option. These three options will be discussed separately in the next three chapters.

## Chapter 3

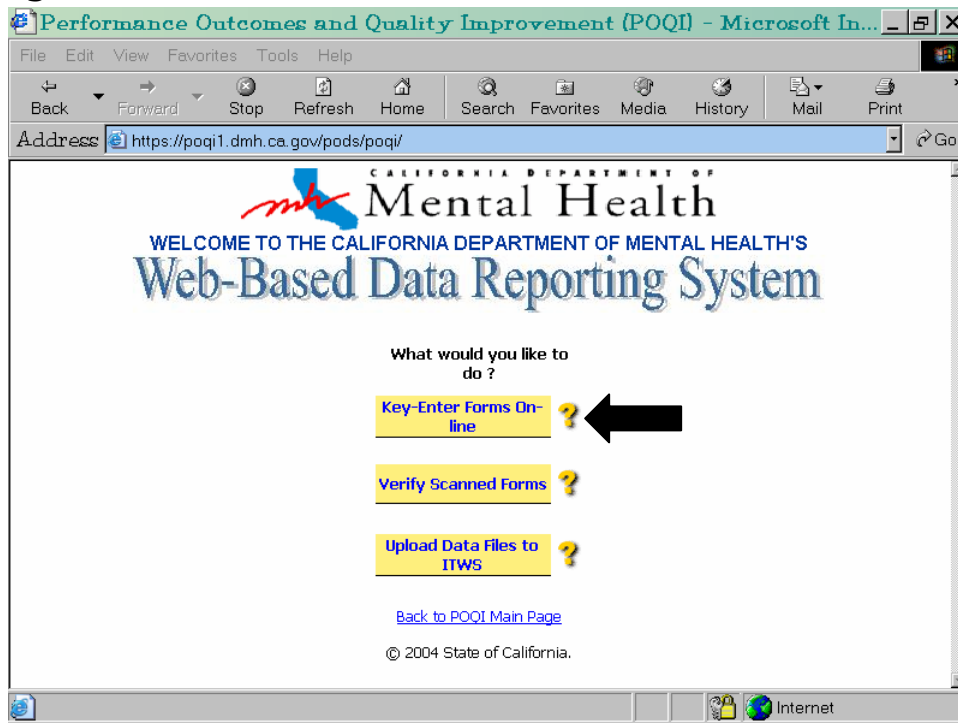
### Data submission—On-line key/mouse data entry (Option 1)

#### **Data Submission Option 1: On-line key/mouse data entry**

In this option, a county will need to have internet access and will use the keypad or mouse on their computer to enter data from each survey form.

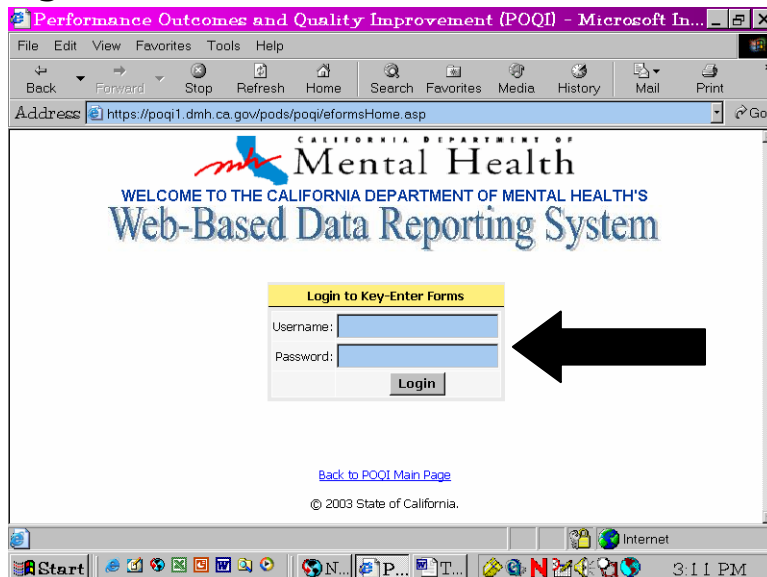
1. Go to the POQI website at <https://poqi1.dmh.ca.gov/pods/poqi/>. The screen is shown on Figure 3.A, below.

**Figure 3.A**

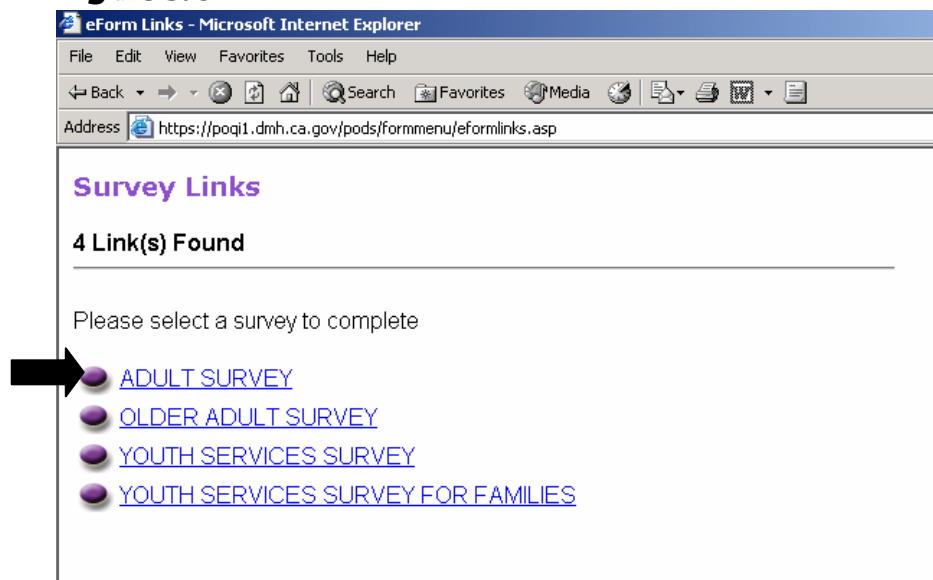


2. Choose the top button, labeled 'Key-Enter Forms On-line.'

3. Enter your Username and password, see Figure 3.B below, and click on 'Login.'

**Figure 3.B**

4. Select the survey you want to enter by clicking on the survey name (Figure 3.C, below).

**Figure 3.C**

5. For each question on the paper survey you will find a corresponding question on the screen. Click on the appropriate bubble to record the response. See Figure 3.D, below for an example.

**Figure 3.D**

**MHSIP\_QOL\_Adult\_0703 (HTML) - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://pq011.dmh.ca.gov/pods/formmenu/09450/09450.asp> Go

**CALIFORNIA DEPARTMENT OF Mental Health ADULT SURVEY**

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please mark the circle that corresponds to your choice.

---

Approximately, how long have you received services here?

☐ This is my first visit here. ☐ 1 - 2 Months ☐ More than 2 years

☐ I have had more than one visit but I have received services for less than one month. ☐ 3 - 5 Months ☐ 6 months to 1 year

Done Internet

6. Continue in this fashion until you have entered all the consumer's responses recorded on the paper survey.
7. It is NOT possible, at this time, to have a consumer complete the form online.



8. County staff or designated volunteers must complete the data entry in the 'For Office Use Only' portion of each survey, see Figure 3.E, below.

**Figure 3.E**

**MHSIP\_QOL\_Adult\_O703 (HTML) - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://poqi1.dmh.ca.gov/pods/formmenu/09450/09450.asp> Go

**FOR OFFICE USE ONLY:**

County Number  #9

CSI County Client Number  #12

Survey Date (mmddyyyy)  #13

Form Language  #10

**Reason:**

☐ Ref #11

☐ Imp

☐ Lan

☐ Oth

County Question #1:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

Done Internet

9. Click on the drop down menu & select 'County Number' (see Appendix A if you are unsure of it). **DO NOT** type in the number, it produces **WRONG** county codes.
10. Click on the drop down menu and select the 'Form Language' of the form that is being entered. It will match the code at the bottom of the first page of the form, next to the CCN. The codes for the languages can be found in Appendix B. Note, all the online forms are in English but the consumer form may be in another language.
11. If the client cannot complete the form, select the 'Reason' why. (see explanation in Chapter 2, section 2.6).
12. Enter 'CSI County Client Number' (CCN).
13. Using the keypad, enter the 'Survey Date' the consumer completed survey form.

14. Not shown on the figure above is the “County Reporting Unit” which is a new field and it follows the county questions. It is for counties to use, if they want to, to record what unit/clinic submitted the data.
15. Submit the form by clicking on the ‘Submit’ button at the bottom of the screen (see Figure 3.F).

**Figure 3.F**

**Reason:**

☐ Ref

☐ Imp

☐ Lan

☐ Oth

County Question #2:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

County Question #3:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

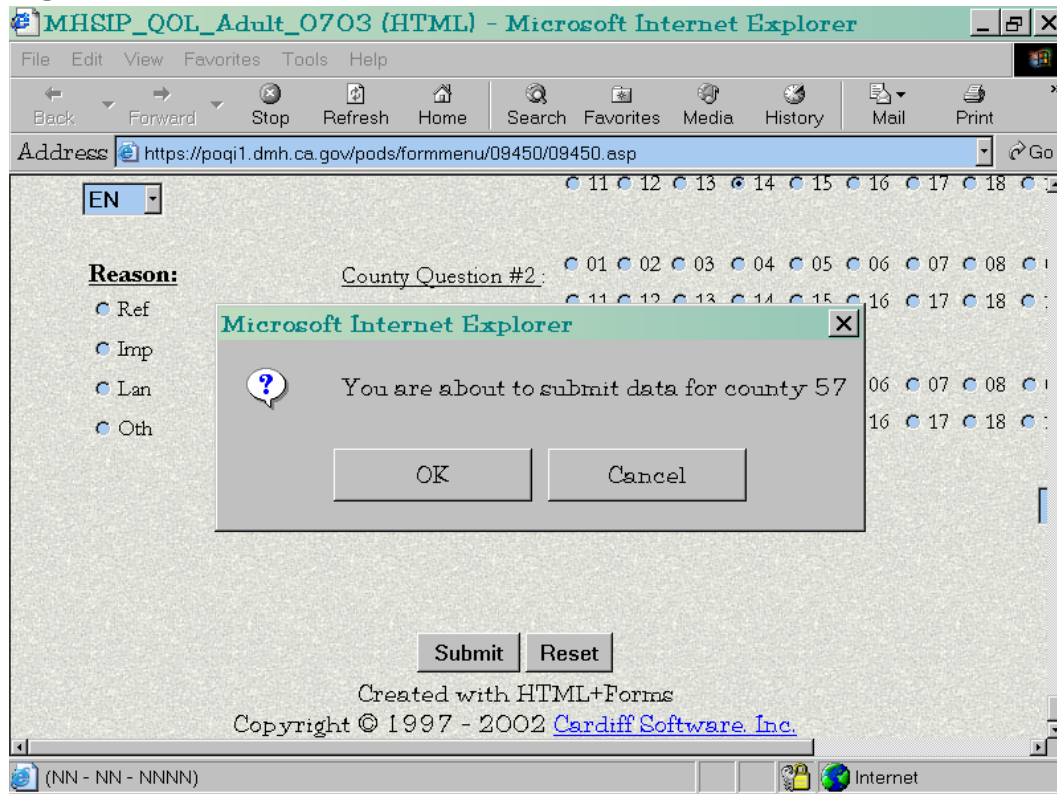
**Submit** **Reset**

Created with HTML+Forms

Copyright © 1997 - 2002 [Cardiff Software, Inc.](#)

16. Use the ‘Reset’ button if you made a mistake and want to eliminate all the data on the form. ‘Reset’ wipes out any data you are currently entering. You cannot use reset if you have already clicked on ‘submit.’

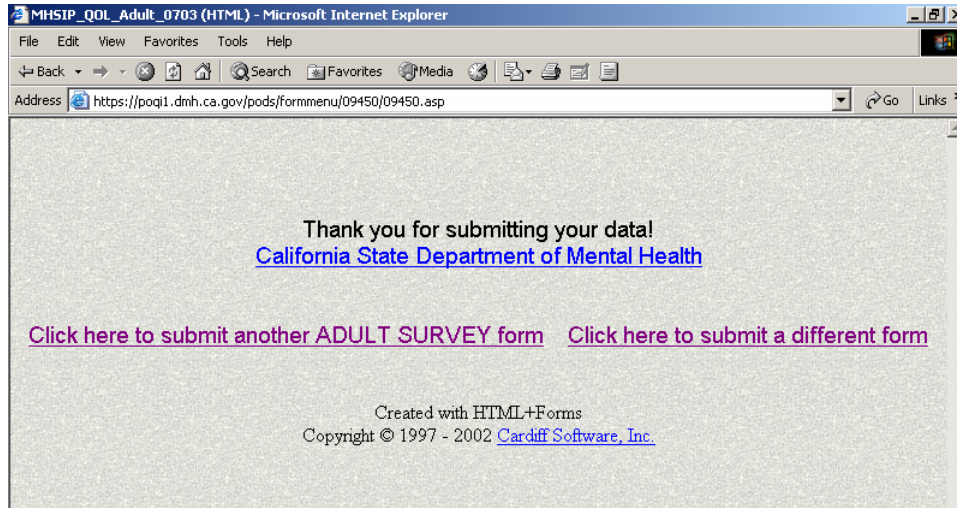
17. When you see the box that says “You are about to submit data for county XX” (see figure 3.H, below), click ‘OK’ if the county number is correct and then click on ‘Submit’ button.

**Figure 3.H**

18. If it is not correct, click on ‘Cancel,’ return to the county ID number box (“For office use only section,” see Figure 3.E previously) and correct it. Then return to the bottom of the page and click on ‘Submit.’

19. After clicking on 'OK' you will get the screen shown below, Figure 3.1.

**Figure 3.1**



20. Each survey form must be submitted separately. You cannot submit a batch of forms.
21. To enter another form, chose from one of the two buttons at the bottom of the screen (see figure 3.1 previously).

## Chapter 4

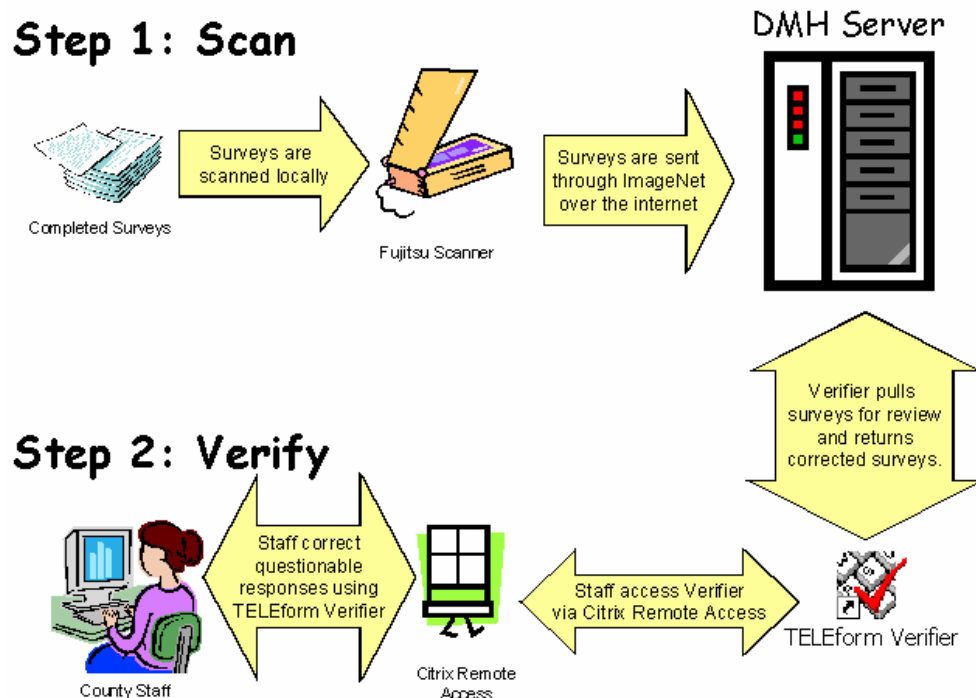
# Data Submission—Local Scanning And Web-Based Verification (Option 2)

### 4.1 Data Submission Option 2: Local scanning and web-based verification

For this option, a county will need to have the following:

1. Fujitsu fi-4220C scanner.
2. ImageNet Scan v4.5.
3. Citrix ICA Web Client.

### 4.2 Process Overview: 2 Steps



In the first step (scanning), completed surveys are scanned at the county and are electronically sent through ImageNet over the Internet to the Teleform server at DMH in Sacramento.

The next step involves verifying the forms for mistakes. If, for example, a consumer doesn't bubble in their answers, instead uses check marks, the forms will be marked for review. County staff will access the Teleform Verifier from their local workstations using the Citrix Remote Access. Several staff can be verifying at the same time and can also be verifying while forms are being scanned.

### **4.3 Preparing for Scanning**

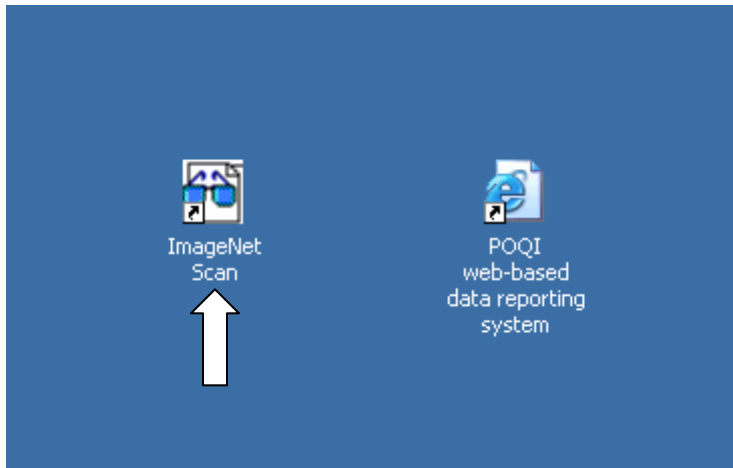
1. Remove the staple from each survey.
  - ▶ The staple should be cut off with scissors to avoid tearing the paper.
  - ▶ Be careful not to cut off the corner 'Posts.'
  - ▶ The documents must be flat with no dog-eared corners.
2. Put no more than 50 pages in the scanner at a time.
  - ▶ If your computer has a processor lower than a Pentium IV, scan smaller batches, e.g., 12 pages at a time.
  - ▶ Make sure the CSI County Client Number is written exactly the same on every page of a consumer's survey.
  - ▶ Keep all pages of a consumer's form together in the same scanned batch, otherwise the pages will not link up properly during verification.
3. Place the batch of surveys in the scanner (face down) with the top of the page entering the scanner first.
  - ▶ It may be helpful to fan the forms before placing them into the scanner. This helps the scanner to feed the forms properly.



## 4.4 Scanning Forms

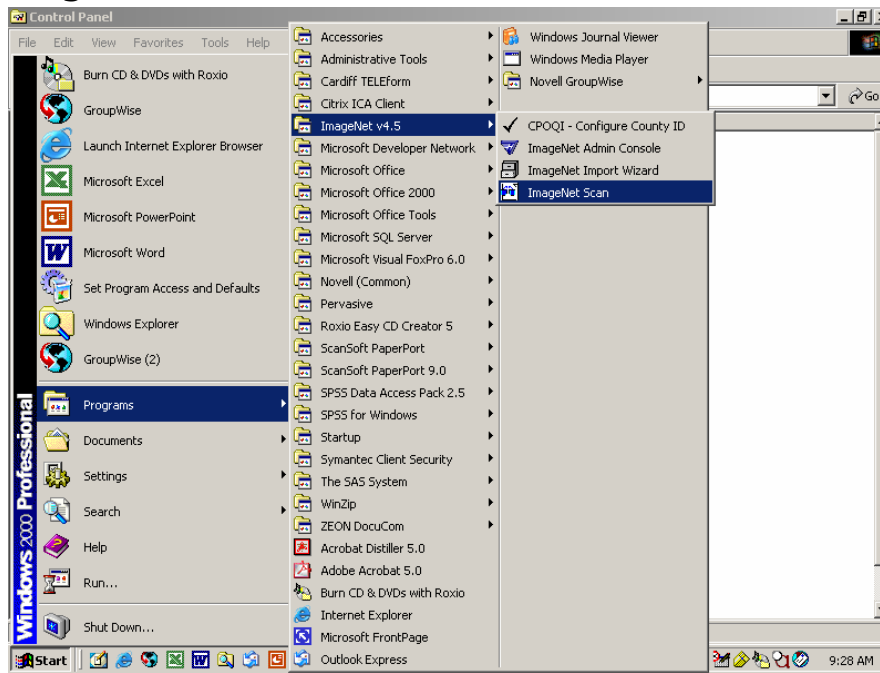
1. Launch ImageNet Scan by double clicking on the 'ImageNet Scan' icon on your desktop (see Figure 4.A.1 below).

**Figure 4.A.1**



2. If you don't have the icon on your desktop, go to your 'Start' button (bottom left of screen). Click on Start, select Programs, select ImageNet v.45, then select ImageNet Scan. This will bring you to the ImageNet log-in box.

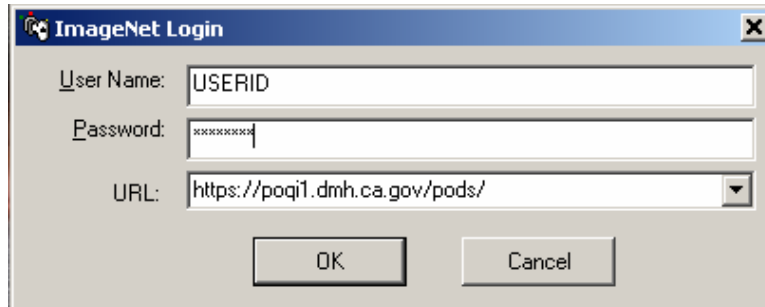
**Figure 4.A.2**



3. Enter the user name and password provided by DMH (see Figure 4.B, below). See Chapter 2, section 2.8 for details on getting a user name and password.

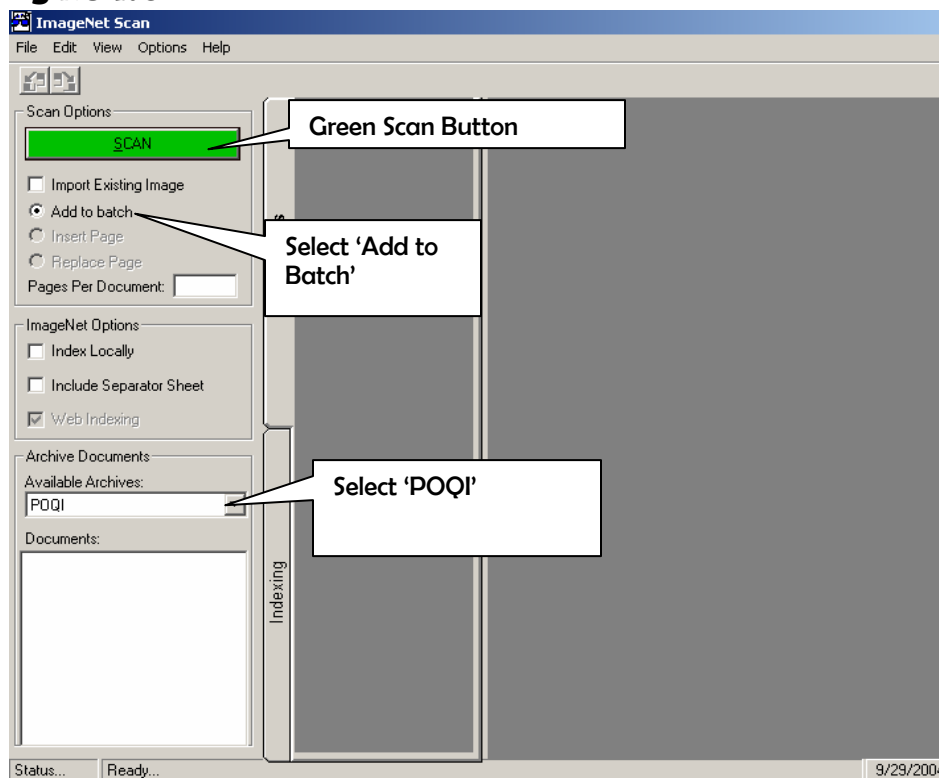
4. Enter the URL <https://poqi1.dmh.ca.gov/pods/> if it is not entered on the third line.

**Figure 4.B**



5. Make sure the 'Add to Batch' option is selected, see Figure 4.C below.
6. Make sure the 'POQI' archive is the 'Available Archive.' If you do not see this option, contact POQI for technical support ([poqi.support@dmh.ca.gov](mailto:poqi.support@dmh.ca.gov)).



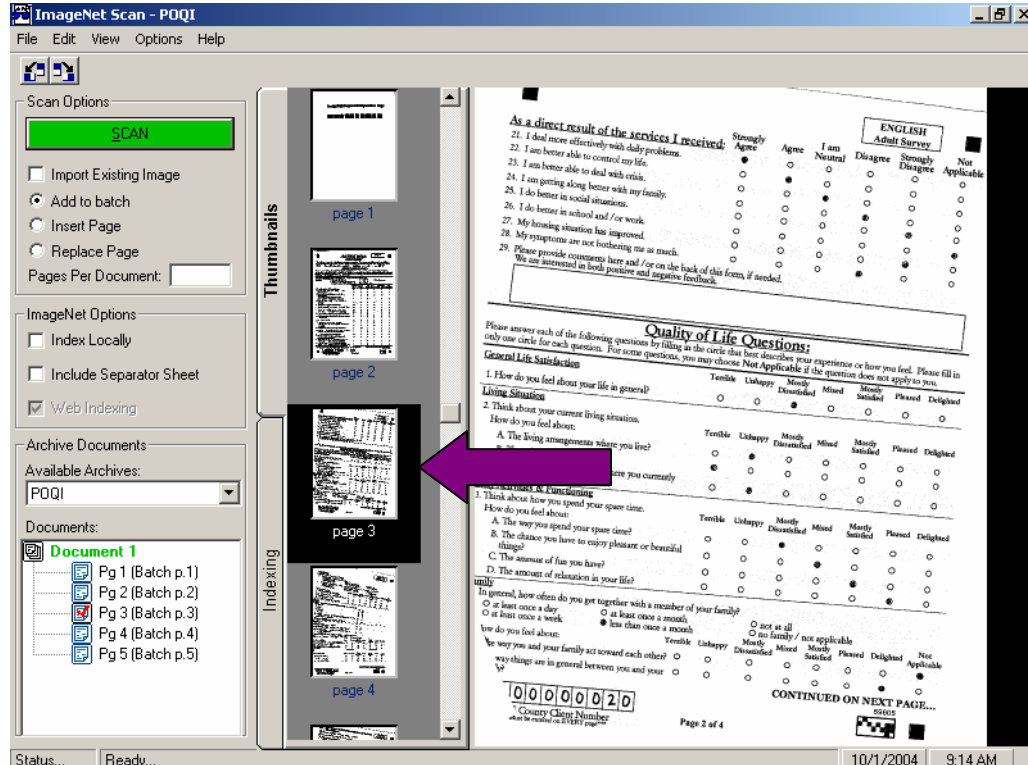
**Figure 4.C**

7. Click on the green 'SCAN' button to begin scanning. See Figure 4.C, above.
8. The 'Prepare Scanner' box appears when all the forms in the auto document feeder have been scanned, see Figure 4.D.1 next page.

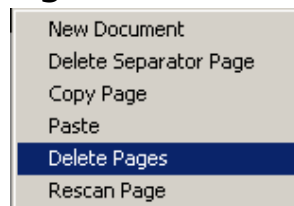
**Figure 4.D.1**

9. Click the 'Stop Scanning' button.

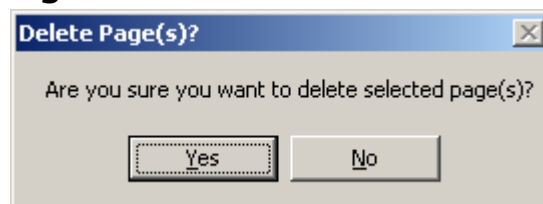
10. Review the scanned images by clicking on the thumbnails shown in the middle of the screen. See Figure 4.D.2, below. Look for the following:
  - ▶ Make sure all the images are clear.
  - ▶ Make sure there are no missing pages.
  - ▶ Make sure that none of the pages are crooked
  - ▶ Make sure the CSI County Client Number is written exactly the same on each page of a consumer's survey.
  - ▶ Make sure none of the images are cut off.
11. If problems are found, **DO NOT** export forms to DMH.
12. You can delete an image if there is a problem with it:
  - ▶ Highlight the image you wish to delete by double-clicking on the thumbnail.
  - ▶ If you wish to delete multiple pages, hold the "Shift" key down while clicking on each thumbnail image you wish to delete. (Notice that "Page 3" has been highlighted with a black box in the example below.)

**Figure 4.D.2**

► Right-click on the highlighted image and select “Delete Pages” from the drop-down menu, see Figure 4.D.3, below.

**Figure 4.D.3**

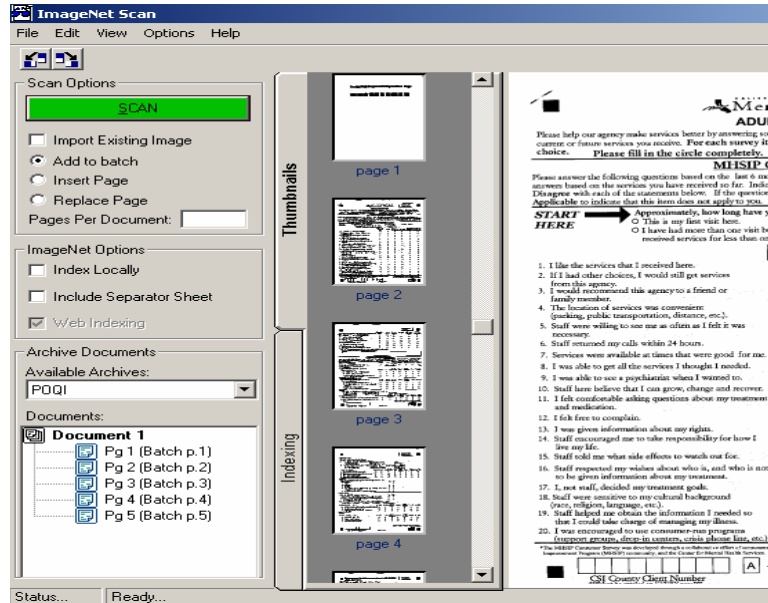
► At the “Delete Page(s)” prompt, select “Yes” to delete the image.

**Figure 4.D.4**

► Rescan the original page of the deleted image(s).

► Review the rescanned images once more for accuracy, see Figure 4.D.5, below, where all images are correct.

**Figure 4.D.5**

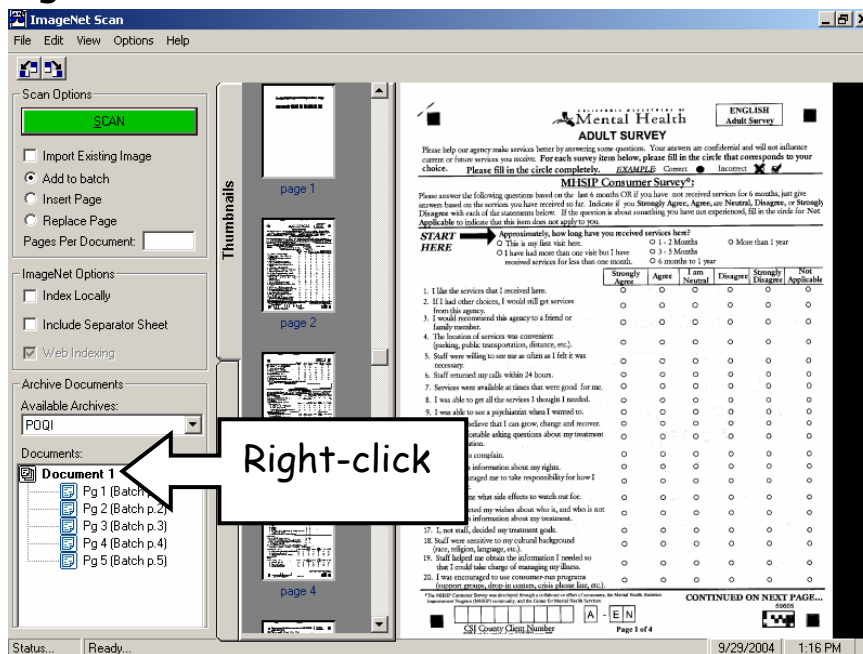


## 4.5 Exporting Forms

After reviewing the batch, the next step is to export it to DMH.

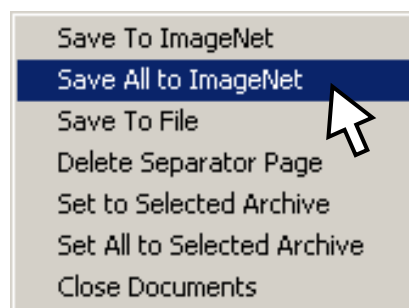
1. Right click on 'Document 1,' in the lower left corner of the screen. See Figure 4.E, below.

**Figure 4.E**



2. Click on 'Save All to ImageNet' when this box appears, figure 4.F, below.

**Figure 4.F**



3. After the batch has been exported, you may scan another batch of surveys by repeating the process (sections 4.3 – 4.5.).
4. When you are finished scanning, go to the 'File' menu and select 'Exit' to close ImageNet Scan.

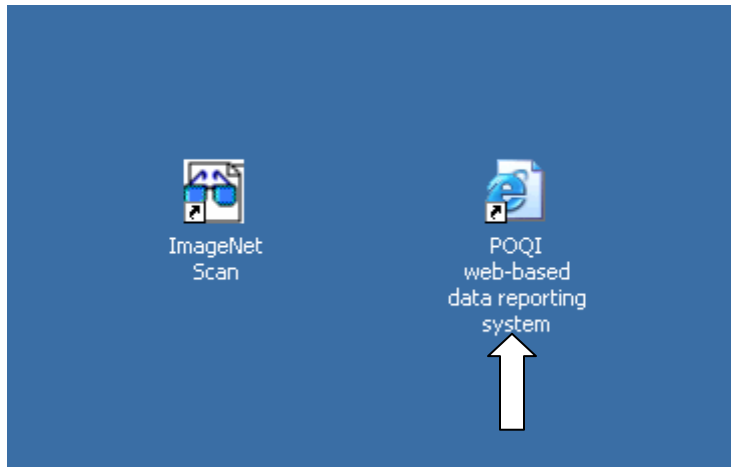
## 4.6 Logging-in to Teleform Verifier

Once surveys have been scanned into ImageNet and exported to DMH, county staff will need to access the DMH Teleform Verifier to review/correct the surveys. Teleform can be accessed remotely via the internet.

Verifying forms allows you to check to make sure the required fields are completed and to check for incorrect entries.

1. Start by double-clicking on the 'POQI Web-Based Data Reporting System' icon, located on the desktop, sees Figure 4.G below.

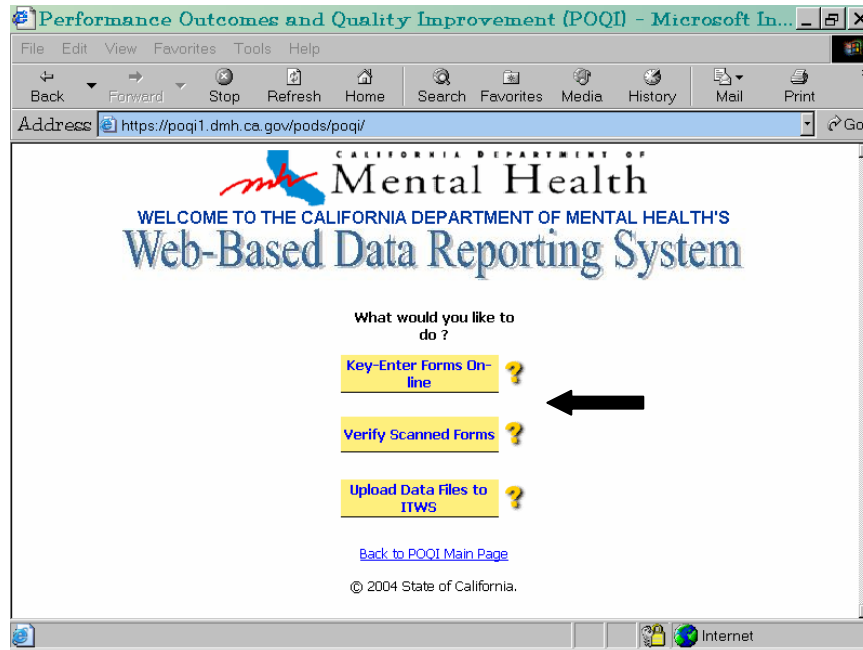
**Figure 4.G**



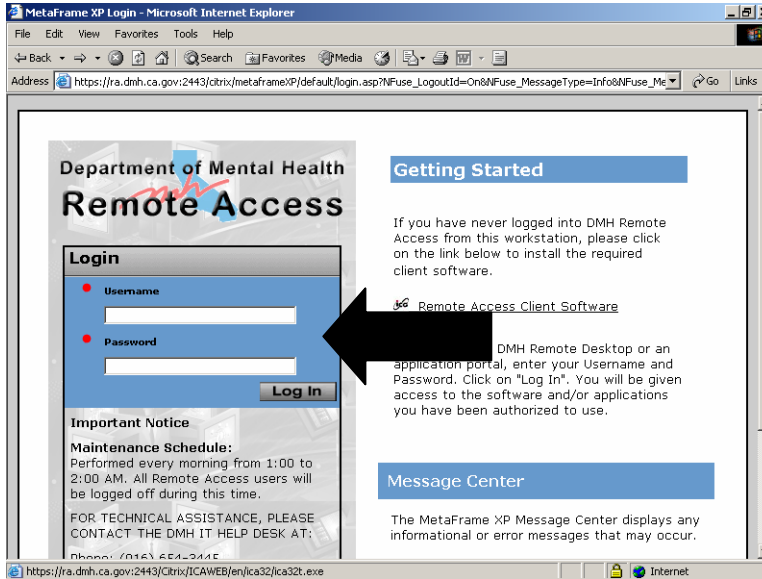
► If you don't see the icon on the desktop, open your internet browser and type: <https://poqi.dmh.ca.gov/pods/poqi/>.

2. Click on 'Verify Scanned Forms' (see Figure 4.H, below).

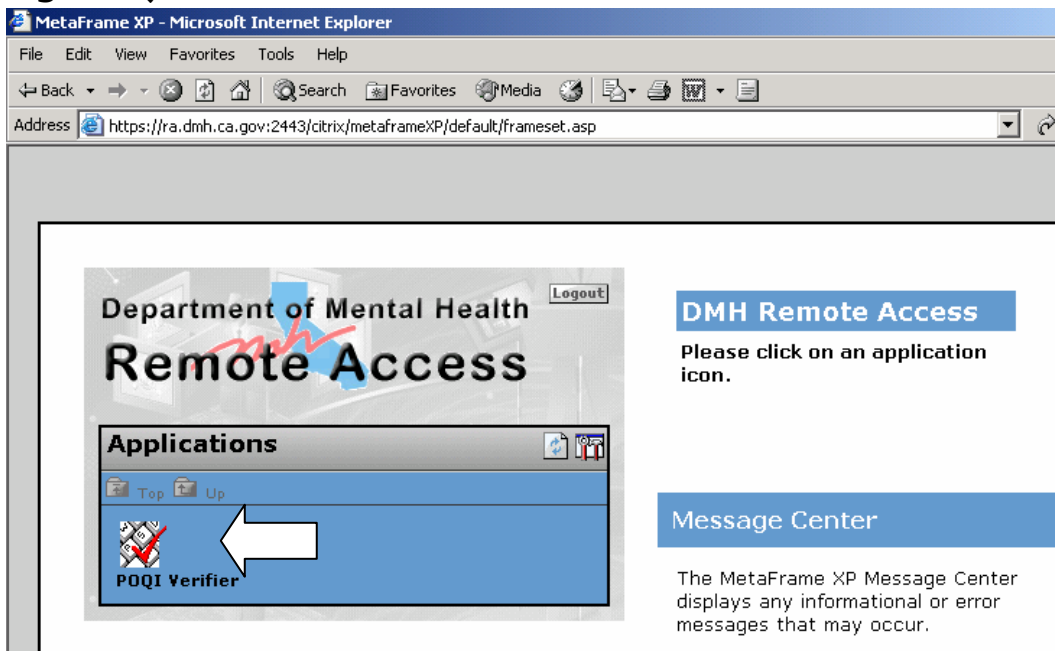
**Figure 4.H**



3. Enter your Username and Password, and click on 'Log In,' see Figure 4.I, below. (See Chapter 2, section 2.8 for details on getting Username and password).  
Note: Since you are now opening different software system (not the scanner software), you must log-in again. This time you are logging into the Remote Access system that allows you to use DMH's Verifier from a remote location. You will also have to log-in to Teleform itself, in a minute or so.

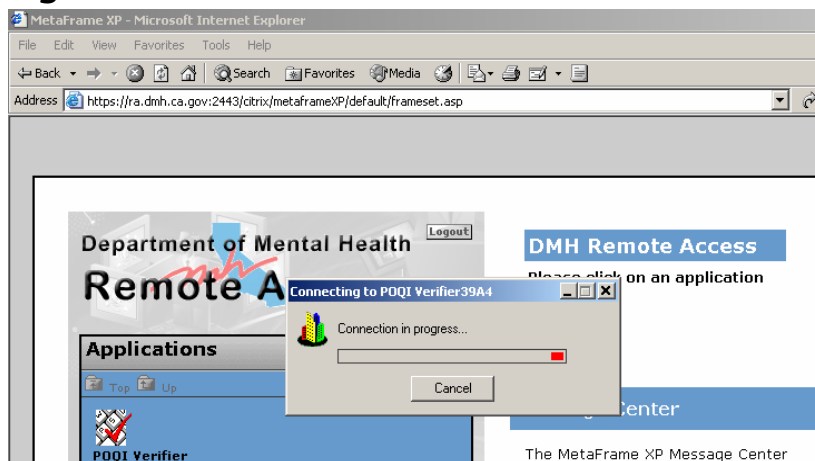
**Figure 4.I**

4. It is possible for a number of people on different workstations to verify scanned survey images simultaneously. If so, they must all have the Citrix ICA Web Client installed on their computers. If you need help with this, send an email to [poqi.support@dmh.ca.gov](mailto:poqi.support@dmh.ca.gov).
5. Click on the 'POQI Verifier' button (as shown in Figure 4.J).

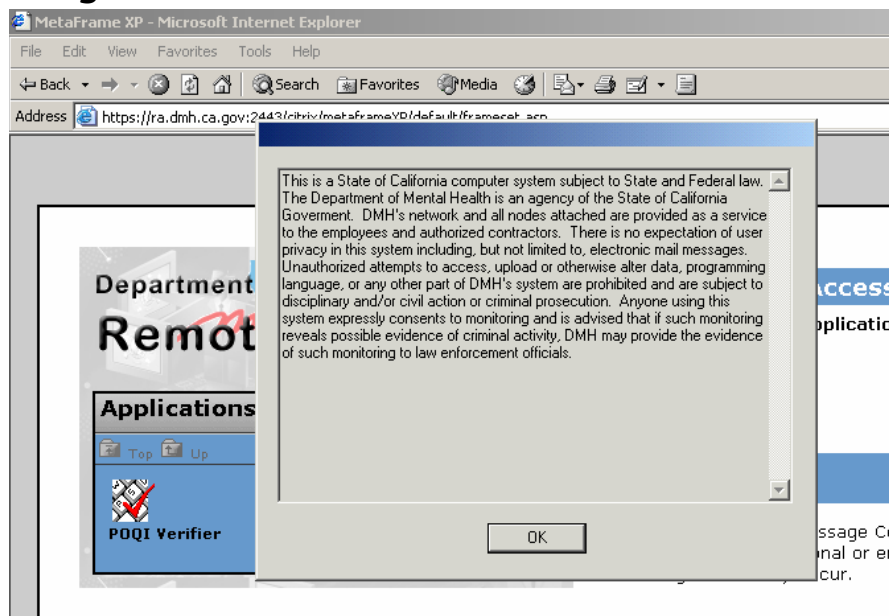
**Figure 4.J**



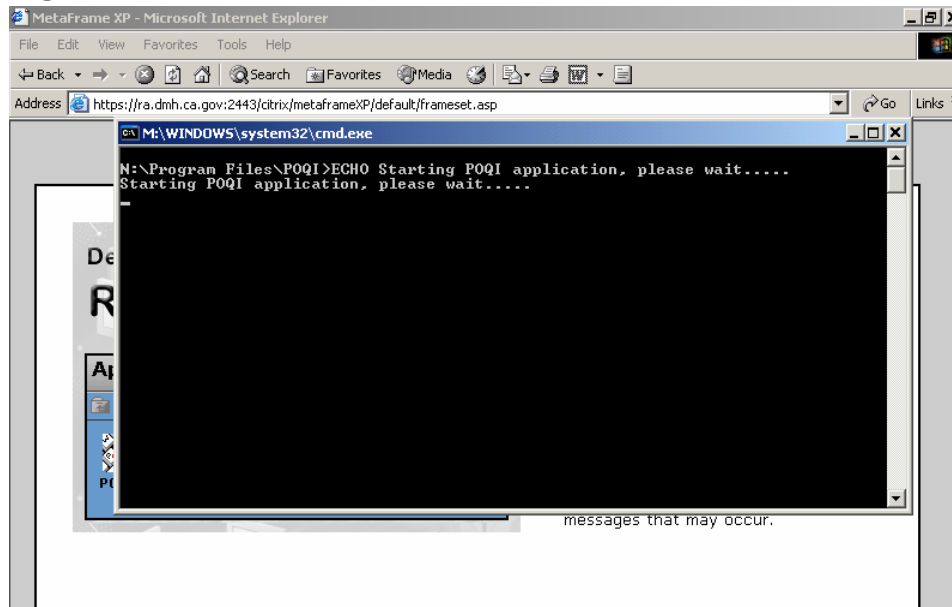
6. Wait while the connection is in progress. It may take a few minutes. See Figure 4.K, below.

**Figure 4.K**

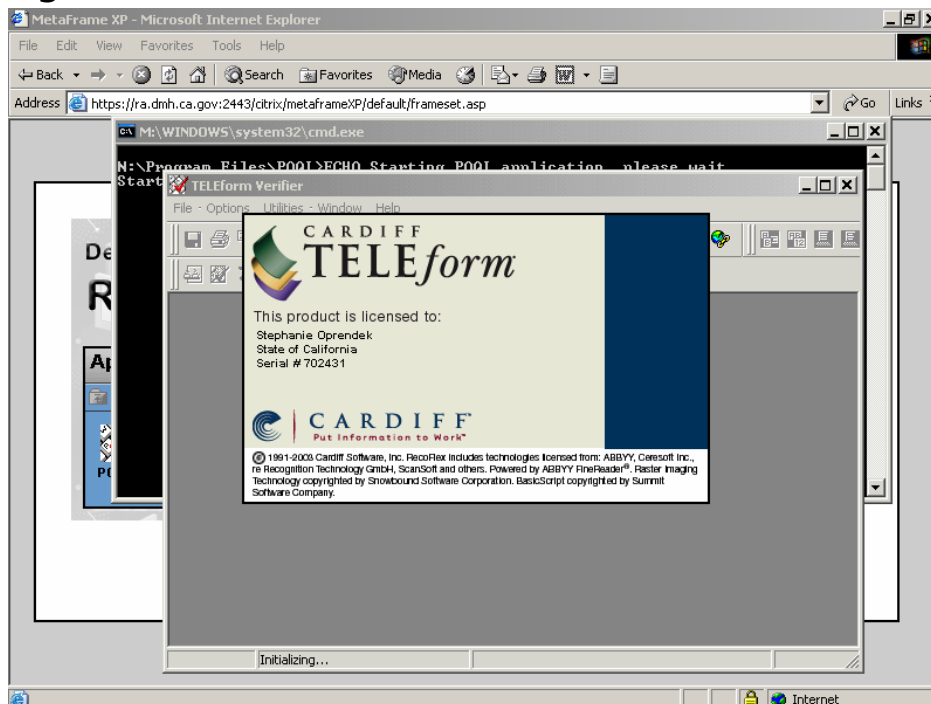
7. Read the security warning and then click OK.

**Figure 4.L**

8. The DOS screen, shown in Figure 4.M below, appears. This means the DMH Server is opening the Teleform Verifier. **Do not close this window!** Wait for the Teleform Verifier page start prompt.

**Figure 4.M**

9. You will see the Teleform logo (figure 4.N, below). Continue waiting for the Teleform log-in screen to appear.

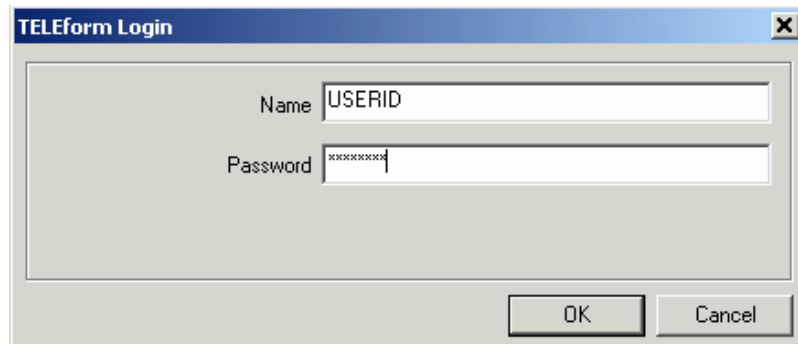
**Figure 4.N**

10. When the Teleform Log-in box appears, enter your user 'Name' and the 'Password' provided to you by DMH, see figure 4.O below.

(See Chapter 2, section 2.8 for more details.). Note: this login is necessary because it logs you into the Verifier located in Sacramento at DMH.

11. Click on 'OK.'

**Figure 4.0**

A screenshot of a Windows-style dialog box titled "TELEform Login". The dialog box has a blue title bar with a close button (X) in the top right corner. The main area is light gray and contains two text input fields. The first field is labeled "Name" and contains the text "USERID". The second field is labeled "Password" and contains a series of asterisks "\*\*\*\*\*". At the bottom right of the dialog box, there are two buttons: "OK" and "Cancel".

TELEform Login

Name USERID

Password \*\*\*\*\*

OK Cancel

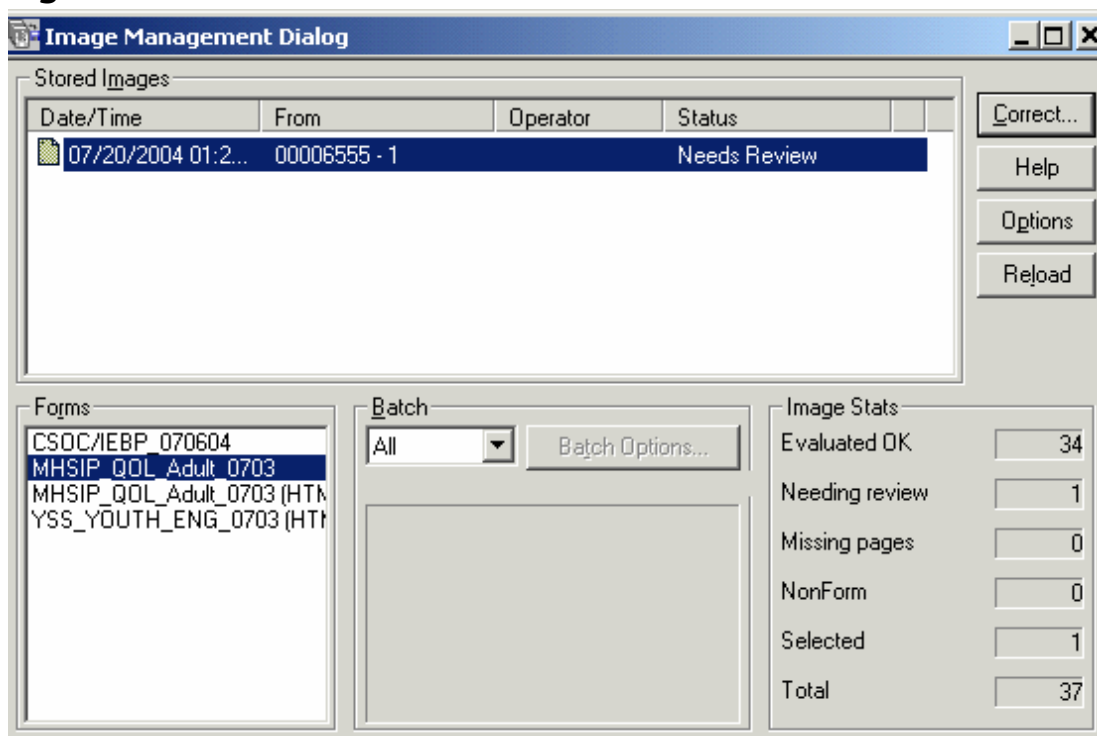
12. The Teleform Verifier will then appear. There are two methods with which to verify forms:

- (1) **Batch Management** brings up a complete batch (forms scanned together) at one time and when on page is verified, it will immediately bring up another page for verification until the batch is completely verified. It will bring up all types of forms – adult English forms, Spanish older adults, etc., If they were scanned in the same batch. This is the quickest method of verifying forms.
- (2) **Image Management** brings up one image at a time from a selected batch or one type of form. For example, if one page is not linking up with others, using image management will allow just the page to be selected for review. If you find there is something wrong with a particular type of forms, for example the Spanish family form has the wrong second page (it has the English second page), you might want to just look at the Spanish Family forms in each batch. You would use image management to go into each batch and then select those forms within a batch that are the Spanish family form (YSS-F) and verify those.

Your Choice of which method to use; Some people prefer to work only in batch management and others prefer Image management, most use both.

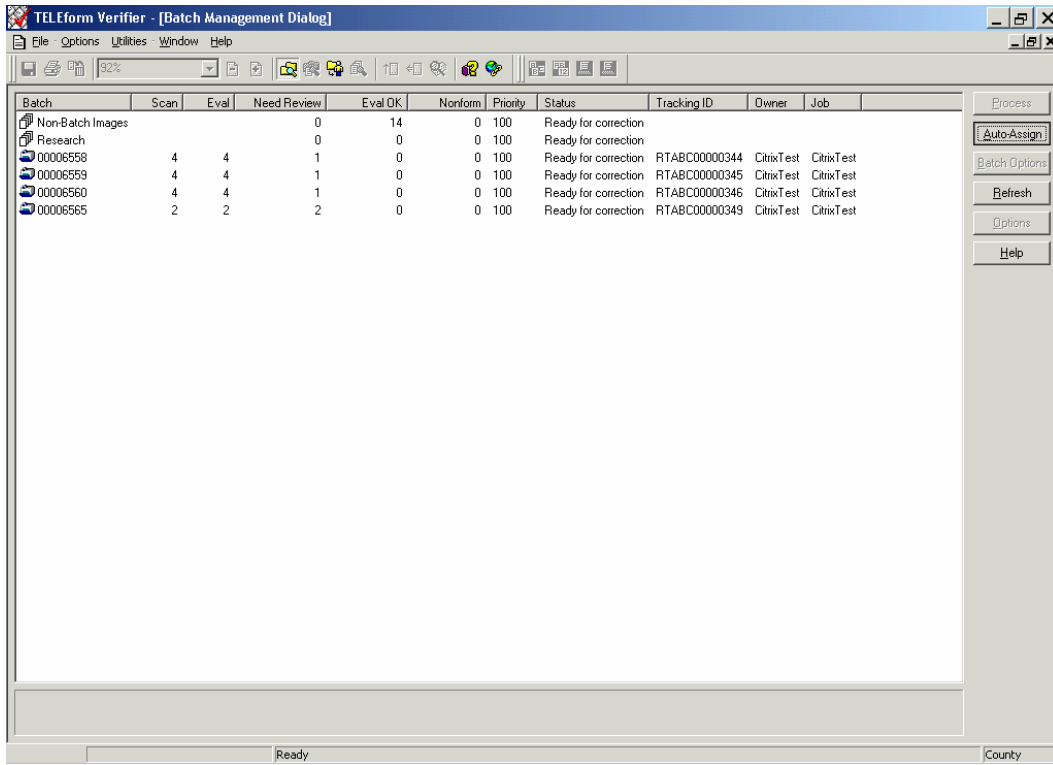
► Image Management method, see Figure 4.P, below.

**Figure 4.P**



► Batch Management method, see Figure 4.Q, below

**Figure 4.Q**



## 4.7 Review and Correct Surveys in Teleform Verifier

Since there are two different methods available to verify forms, this section will describe both methods. You can use whichever method you prefer. Section 4.7A will discuss the Image Management method and Section 4.7B will discuss the Batch Management method.

### Section 4.7.A: Image Management

This method allows you to view and verify all images for all scanned batches organized by survey form type (e.g., Youth) or to review and verify just a single page...

1. To review forms in Image Management, click on 'Utilities' button (on menu bar) and then on 'Image Management Dialog.'
2. Make sure 'All' is selected from the 'Batch' drop down box.
3. The forms from your county will appear in the 'Forms' box on the bottom left of the screen.

4. Click once on a form in the 'Forms' box and all of the surveys for that type of form will appear in the 'Stored Images' box.
5. Check the 'Status' of the survey in the 'Stored Images' box. You should see one of the following:

►Needs Review: This means a field on one or more forms needs correction.

►Missing Pages: This means pages have not linked successfully. (And there also could be fields needing correction.) To fix the missing pages, make sure the CSI County Client Number has been correctly entered on all pages. Often the numbers are transposed or Teleform read the numbers/letters incorrectly (bad handwriting can cause this).

►Evaluated OK: This means all fields are correct but data have NOT been sent to the database. To fix this, wait a few minutes, then click on 'Reload.' If after 10 minutes the form status has not changed to 'Export Complete,' contact the DMH POQI staff.

►Export Complete: This means all fields are correct and data have been successfully sent to the database. Yea!!

6. You are ready to view/correct in Image Management. There are two ways to do this, a collection of form images or one page at a time:

►Multiple

- a. Click on a form type in the 'Form' box (lower left hand side of the Management Dialog box).
- b. Click on the 'Correct' button in the upper right corner. This brings up images for the form-type you just selected in step 5

►Individual

- a. Click on a form in 'Forms' box.
- b. Click once on a survey in the 'Stored Images' box. (in the middle of the screen).
- c. Click on 'Correct.' This brings up an individual page from a survey form. Note: This is helpful when correcting missing pages.

#### **4.7.B. Batch Management Method**

This method only allows you to verify survey forms by batches, i.e., a mixture of adult forms, youth forms, etc., which were scanned together. You cannot select and review individual pages when in Batch Management method. If you need

to view an individual image, switch to Image Management method (see section 4.7.A, above).

1. Click on 'Utilities', then on 'Batch Management.' (Menu bar at top of page).
2. Make sure owner and job reflect your county number.
  - ▶ If not, contact DMH POQI unit staff.
3. Check 'Status' of batches to see if any batches need to be verified. For each batch you will see one of the following:
  - ▶ Ready for Correction: This means the batch has images that need correction.
  - ▶ Missing Pages: This means the batch has at least one form, and maybe many, whose pages Teleform was unable to link together.
    - Note: This can only be corrected using Image Management Method. See section 4.7.A. above.
  - ▶ Ready to be Committed: This means all forms are correct but data have NOT been sent to the data base. To fix it, wait for a few minutes, then click on 'Reload.' If after 10 minutes, the form 'Status' has not changed to 'Export complete,' contact the DMH POQI unit staff.
  - ▶ Batch is Complete: This means all forms are correct and data have been successfully sent to the data base. Yea!!

## 4.8. Handling NonForms

In the Forms box (lower left side of Image) you may see some forms labeled "Nonforms." These images are ones for which Teleform could not identify a form type. Nonforms may result from using previous/obsolete survey forms, a missing post (scanned crooked) or the 'Key' could be damaged (ripped page, doodling), resulting in Teleform's inability to read it. In the last survey period, the most frequent cause was a client doodling or writing over the key box. Second most common was a faint block caused by poor copying. If this is the case, call the POQI unit at DMH and we may be able to give the verifier the correct form number so the form can be verified.

However, if the key is intact, then the form may have been scanned crookedly and you will need to contact the POQI staff to delete the nonform and then you may rescan the survey. Or you may also key-enter the survey data using the online key-entry option.

If the form cannot be read after a second attempt at scanning, then it will be necessary to again delete the nonforms and associated pages (contact POQI for

this) and then Key enter the data online.

## 4.9 Correcting Forms in Teleform Verifier

Teleform will only present fields that need to be reviewed for accuracy, e.g., double marks, text where there should be numbers, etc. In some cases, Teleform Verifier will make a “best guess” as to the correct response and these will be highlighted. However, it is up to the operator to make the final determination of whether an item is correct.

Fields needing review will highlighted as it is brought up for review.

**Figure 4.R**

The screenshot shows the Teleform Verifier application window. The title bar reads "TELEform Verifier - [MHSIP\_QOL\_Adult\_EN\_0804 (59605) [00006682-5/40] ]". The menu bar includes File, Correction, View, Options, Utilities, Window, and Help. The toolbar contains various icons for file operations and viewing. On the left, a list of fields is displayed with their corresponding values. The main area shows a grid of responses for each field, with some cells containing radio buttons and others containing text. The status bar at the bottom indicates "36 Remaining" and "Evaluated OK [Evaluated OK]".

| Field     | V... |
|-----------|------|
| ccn       | 1... |
| howlong   | 6    |
| likesvcs  | 1    |
| choices   | 1    |
| recomend  | 2    |
| location  | 2    |
| staffwill | 2    |
| retcall   | 2    |
| timegood  | 2    |
| getall    | 2    |
| seedoc    | 2    |
| recover   | 2    |
| confquest | 3    |
| complain  | 3    |
| rights    | 3    |
| takeresp  | 3    |
| sidedfct  | 3    |
| respect   | 3    |
| goals     | 4    |
| culture   | 4    |
| memanage  | 4    |
| selfhelp  | 4    |

The main area displays a grid of responses for each field. The grid is organized into columns, with each column representing a different response option. The responses are marked with radio buttons or text. The status bar at the bottom indicates "36 Remaining" and "Evaluated OK [Evaluated OK]".



1. Navigate throughout the fields by using the TAB key, the SPACEBAR, the ENTER KEY, the ARROW KEYS, and/or the MOUSE.
2. To move back to a previous field, hit Shift+Tab.
3. Correct mistakes, if necessary.

►Choice Fields, (i.e., bubble fields) (see Figure 4.5, below).

**Figure 4.5**

The dark square (next to the completed bubble) indicates Teleform Verifier's "best guess" for the correct response.

One row at a time will be highlighted for correction.

|  | Terrible              | Unhappy               | Mostly Dissatisfied              | Mixed                 | Mostly Satisfied      | Pleased               | Delighted             | Not Applicable        |
|--|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| with other people?                                   | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e you spend with other people?                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| :socially?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ndship in your life?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| , did you generally have enough money to cover the   |                       |                       |                                  |                       |                       |                       |                       |                       |
|  | No                    | Yes                   |                                  |                       |                       |                       |                       |                       |
|  | <input type="radio"/> | <input type="radio"/> |                                  |                       |                       |                       |                       |                       |
|  | <input type="radio"/> | <input type="radio"/> |                                  |                       |                       |                       |                       |                       |
| ! for things like shopping, medical appointments, or |                       |                       |                                  |                       |                       |                       |                       |                       |
| nd relatives?  | <input type="radio"/> | <input type="radio"/> |                                  |                       |                       |                       |                       |                       |
| ke movies or eating in restaurants?                  | <input type="radio"/> | <input type="radio"/> |                                  |                       |                       |                       |                       |                       |

1  
2  
3  
4  
5  
6  
7  
8

- a) The field needing correction will be highlighted.
- b) Teleform Verifier will make a "best guess" as to the correct answer. The bottom of the screen will show the codes that correspond to each bubble. The box with the check mark will show which bubble is the "best guess" (See the dark square next to the completed bubble in the example above.) To decipher the code, use the data dictionaries found online at <http://www.dmh.ca.gov/poqi/documents.asp>.
- c) Determine if this "best guess" is accurate.
  - a. If accurate, hit TAB to move to the next field.
  - b. If inaccurate, click on the correct bubble with the mouse OR use the ARROW KEYS / SPACEBAR and then click TAB to move to the next field.
  - c. **DECISION RULE:** If the consumer indicated two or more answers, deselect all answers and leave the field blank.

► Entry Fields (i.e., hand-written field)

- a) The top line is what is written on the form and the line below it is what Teleform is reading. The field needing correction will be highlighted in Character, Field or Form Mode. See below, where the number one is being read as an “i” and Teleform realizes it might be misreading the character.

**Figure 4.T**

The screenshot shows a Teleform interface for a form titled "(support groups, drop-in centers, crisis phone line, etc.)". The header includes a note: "The MHSP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services." It also says "CONTINUED ON NEXT PAGE..." and "59605". The form has a "CSI County Client Number" field with a value of "10000000". Below this, the Teleform reading shows "I0000000a", where the "I" is a misreading of the "1" and "a" is a misreading of the "0". The "1" and "I" are highlighted in yellow. At the bottom, it says "Best guess character [Evaluated OK]" and "Brenda".

- b) Teleform Verifier will make a “best guess” as to the correct answer. In the example above, it is guessing the number is a letter “i” and not a one.
- c) Determine if this “best guess” is accurate.
- If accurate, hit TAB or ENTER to move to the next field.
  - If inaccurate, key-enter the correct character and then hit TAB or ENTER to move to the next field. In the above example, you would put the cursor on the “I” and type in a one. And then move on (hitting tab or enter) to the next correction.
- d) If a character was unrecognized, it will be replaced with a “~.” See example in Figure 4.U, below. This symbol indicates a character that was evaluated with low confidence and must be corrected before moving on. In this case, the number “8” is not read and a tilde is inserted in the box below. Again, to correct, type an “8” over the tilde and then move on to the next correction.

**Figure 4.U**

1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 ~ 1

Unrecognized character [Unrecognized character] County

4. The “County Number” and “CSI County Client Number” fields have been designed to require data to be checked before they can be submitted to the database. If you try to navigate pass these fields without making an entry, you will receive a “Field Validation” prompt. See Figure 4.V, below.

► You may click ‘continue’ and ‘OK’ and Teleform will allow you to continue correcting other fields, but it will (once again) return you to the skipped field.

**Figure 4.V**

Field Validation

Field Status  
Not filled in

Action

☒ Continue - Field will remain marked as invalid

☐ Accept value and set field status to OK

OK Cancel

5. Once all errors on a form have been corrected, Teleform Verifier will prompt you to “Save corrections to results file?”
6. Click “OK” and the data will be sent to the database.

**Figure 4.W**

Note

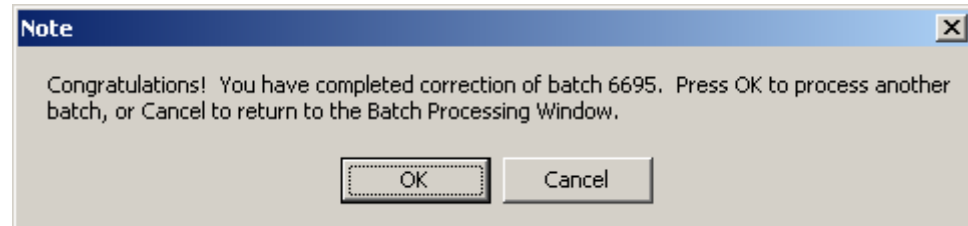
Save corrections to results file?

OK Cancel

7. If verification is taking place in **Image Management Mode**, you will be automatically returned to the Image Management Window.

8. If verification is taking place in **Batch Management Mode**, you will receive a “Congratulations” message.
9. Click “OK” to process another batch or “Cancel” to return to the Batch Processing Window.

**Figure 4.X**



## 4.9 Exiting Teleform Verifier

1. Click on File > Exit to close the Teleform Verifier.
2. If you wish to exit Teleform Verifier in the middle of correcting an individual or batch of forms, Teleform will prompt you to “Save corrections to results file?”
3. Click “OK” and Teleform will save the corrections you have made and leave the remaining corrections in the Teleform Verifier for review/correction at a later time.

## Chapter 5

# Data submission—Web-based text data upload (Option 3)

### **Data Submission Option 3: Local Web-based text data upload**

This option allows counties to use their own technology systems to process data and then to transfer the data to DMH in text file format via the ITWS. This is the transfer methodology used for the performance outcomes data submission in the legacy system. Options 1 and 2 were developed to provide for greater flexibility in modifying surveys or conducting special studies at a lower cost for counties, but it is recognized that there are valid reasons that counties may prefer to do their own processing. For that reason, this option is still available to counties.

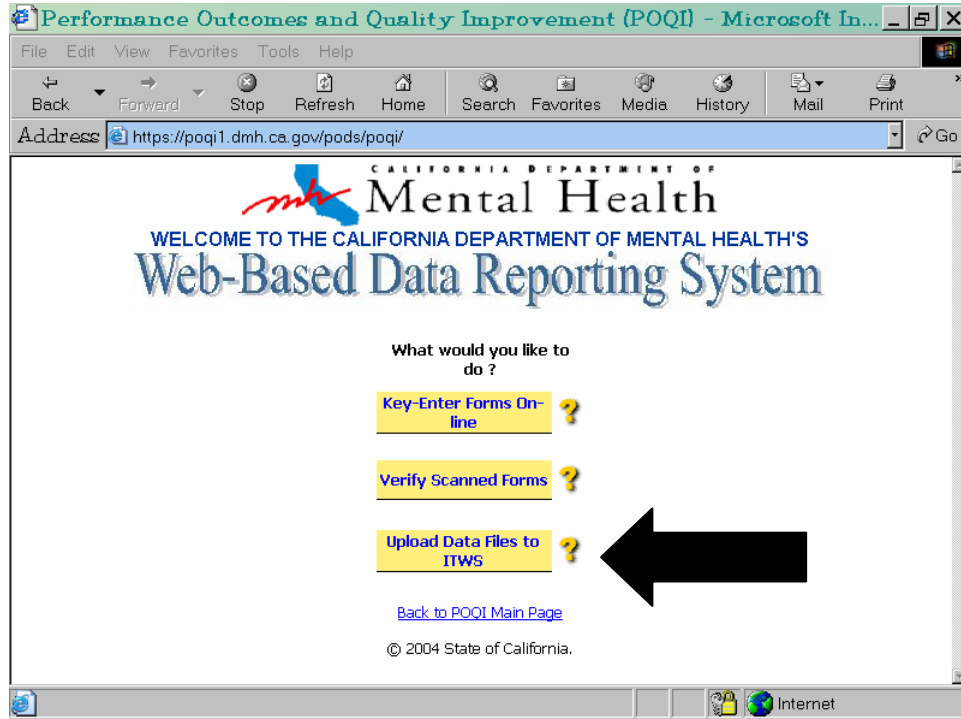
### **Data Format**

The data must be submitted in text file format according to DMH data dictionaries. These can be accessed at <http://www.dmh.ca.gov/poqi/podd.asp>. The text files must be named and put in a zip file according to the naming format described in the data dictionaries.

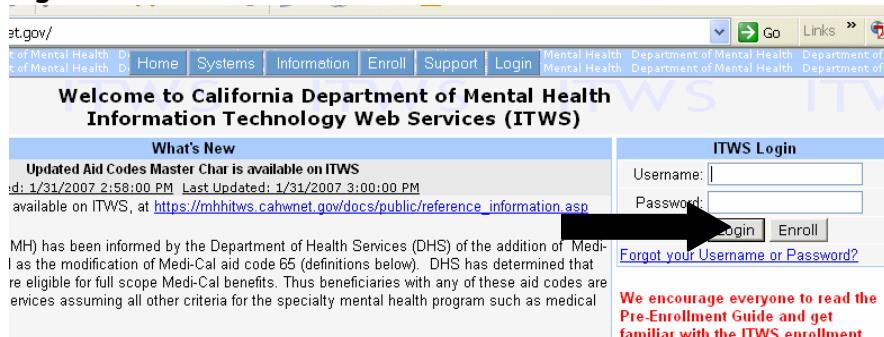
### **5.1 Accessing the ITWS**

Accessing the ITWS for this purpose uses the same website interface as is used for the other two options (described above).

1. An *authorized* user accesses the POQI web-based data reporting website at <https://poqi.dmh.ca.gov/pods/poqi/>
2. Click on third button 'Upload Data File to ITWS' See Figure 5.A, below.

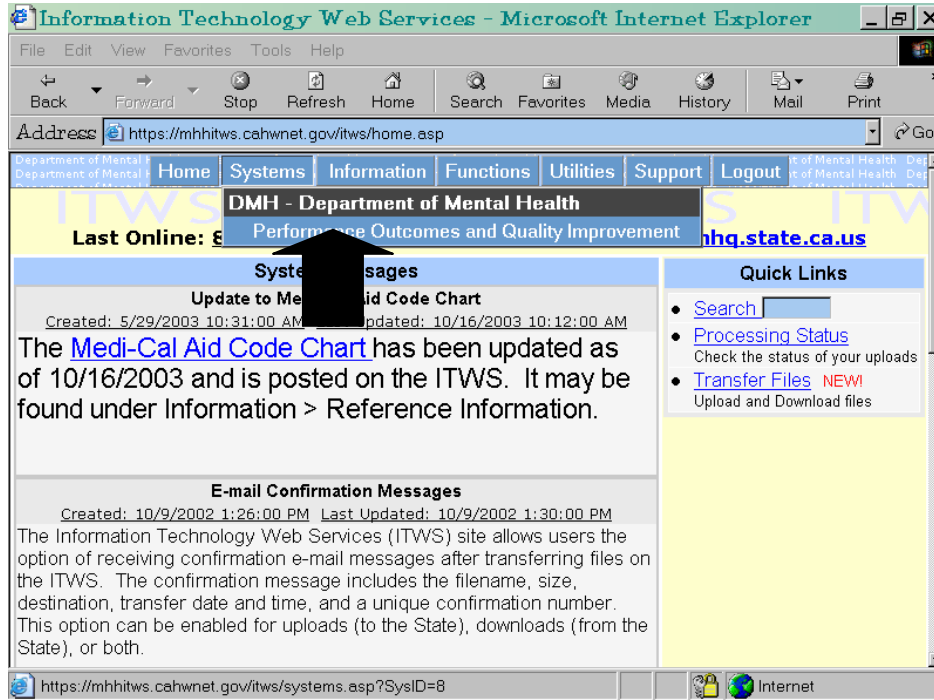
**Figure 5.A**

3. Log in by entering your ITWS Username & Password in the ITWS Login box, on the right, see figure 5.B below.

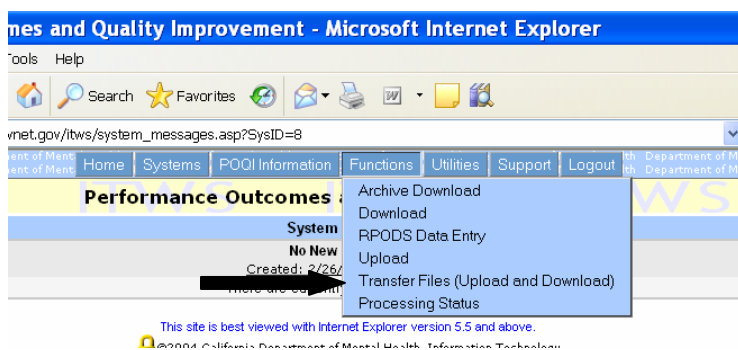
**Figure 5.B**

4. Put the cursor on 'Systems' and a drop down menu appears (see Figure 5.C, below).
5. Select the 'Performance Outcomes and Quality Improvement' system by clicking on the tab.

► If you do not see this option, contact ITWS Help Desk at 916-654-3117.

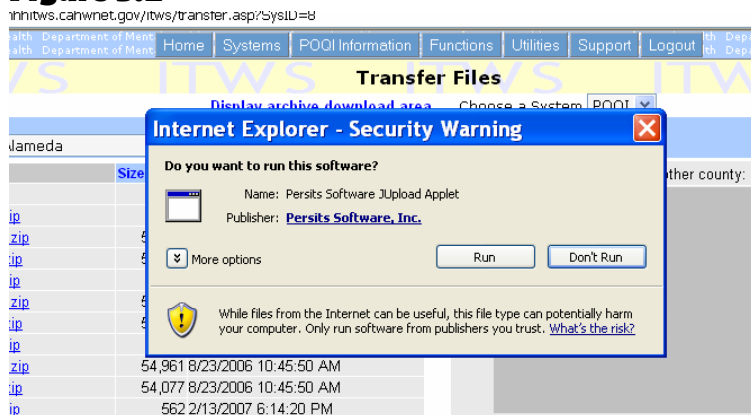
**Figure 5.C**

- Click on the 'Functions' button at the top and then on the drop-down menu select "Transfer Files (Upload and Download)" and click on it (see Figure 5.D, below.)

**Figure 5.D**

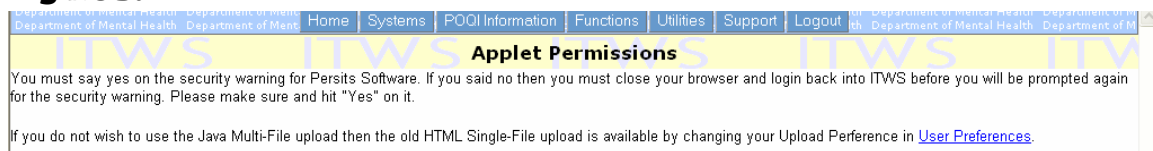
7. Click 'Run' on the security warning, as shown in Figure 5.E.

**Figure 5.E**



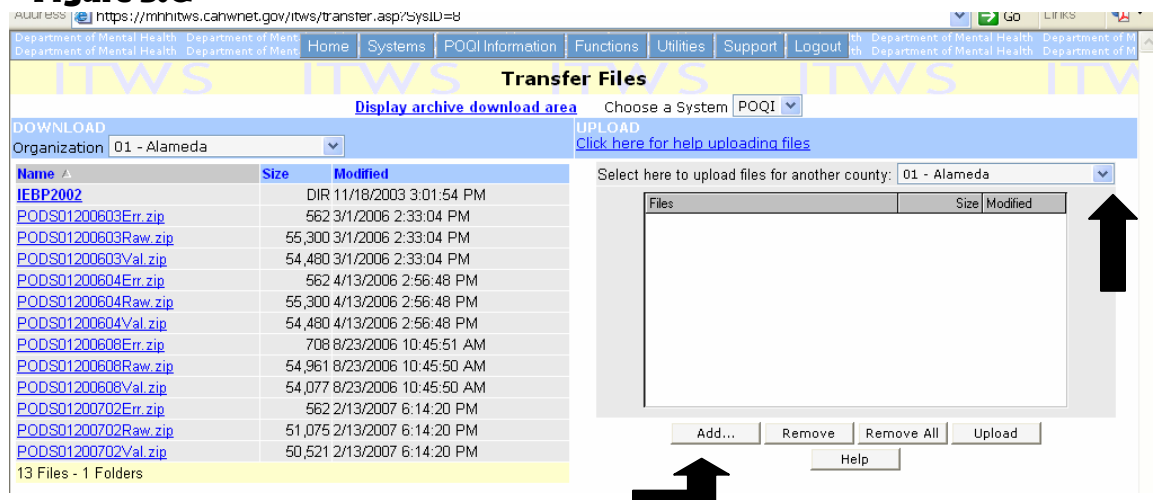
7. If you click “Don’t run” you cannot upload your data and you will get the message shown below (Figure 5.F) and you will have to start over by logging-in again.

**Figure 5.F**



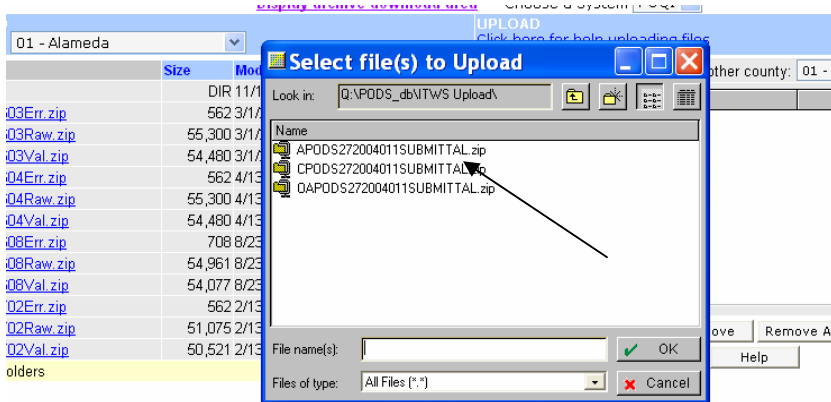
8. After clicking 'Yes' on the security message, you will see the POQI “Transfer Files” screen (Figure 5.G, below).

**Figure 5.G**

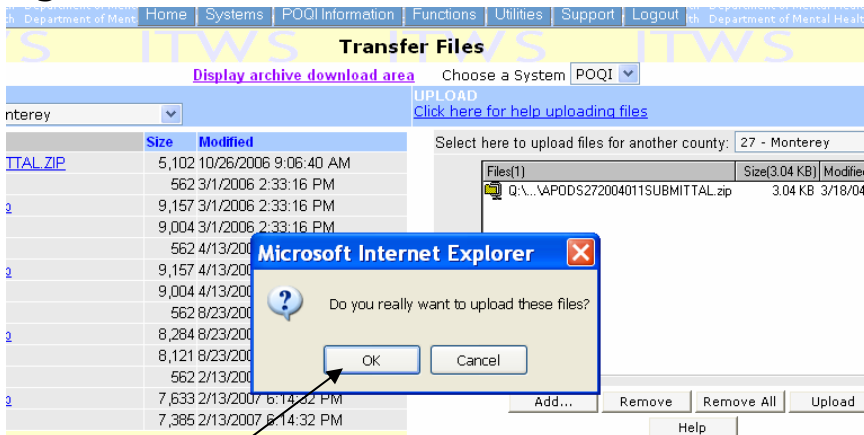




9. Note that this page will be used for both uploading files, for those who are using the ITWS method, and also for downloading files, when you want to download your data.
10. The right half of the screen is for uploading files.
11. To upload, First select your county from the right hand drop-down menu, where the black arrow is pointing in figure 5.G, above.
12. Next, click on the 'Add' button, see the bent arrow in Figure 5.G, above.
13. When the "Select Files" box appears, find the files to upload, make sure the file name is in the box "File name," and click on 'OK," (Figure 5.H).

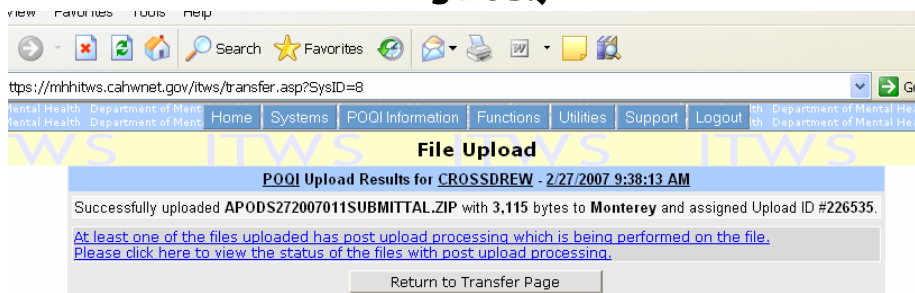
**Figure 5.H**

14. Click on 'OK' when asked, "Do you really want to upload these files?" See Figure 5.I, below.

**Figure 5.I**

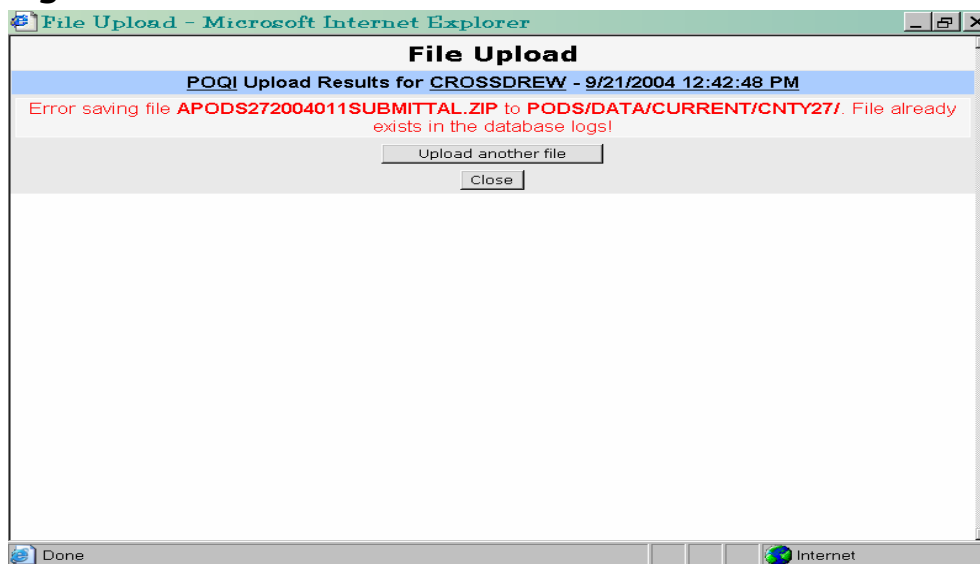
15. The next screen you see will display a message in black (good news) or red (bad news). See Figures 5.J and 5.K, below. Figure 5.J shows a successful upload process.

**Figure 5.J**



17. If you made a mistake, you will see a message in red, like the example below in Figure 5.K. You will need to start over with the Upload process.

**Figure 5.K**



## Chapter 6

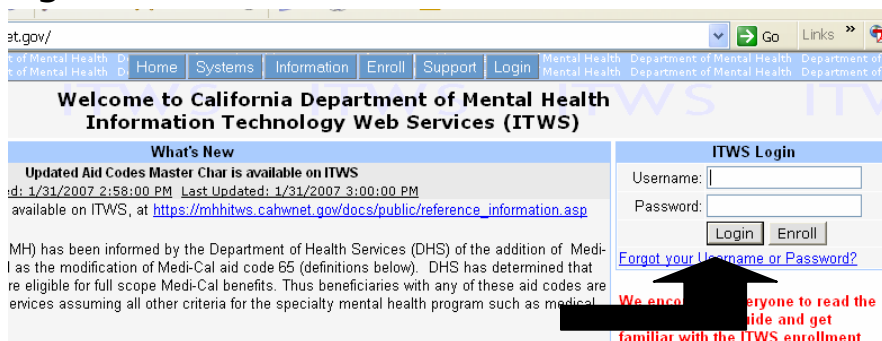
# Getting Your Data Back

The more efficient data submission and error checking technology provided by the Web-Based Data Reporting System will allow for a quicker return of the data to the counties. After all the Consumer Perception Surveys are collected, it is anticipated that counties will need approximately 6-8 weeks to submit the data to DMH. Shortly after the data submission deadline, the data will be available for download from the DMH ITWS System (<https://mhhitws.cahwnet.gov/>). If you need your data returned before this, contact the DMH POQI unit staff ([poqi.support@dmh.ca.gov](mailto:poqi.support@dmh.ca.gov)). The rest of this chapter will provide a description of the process counties will go through to retrieve their data from the ITWS.

### 6.1 Accessing the ITWS

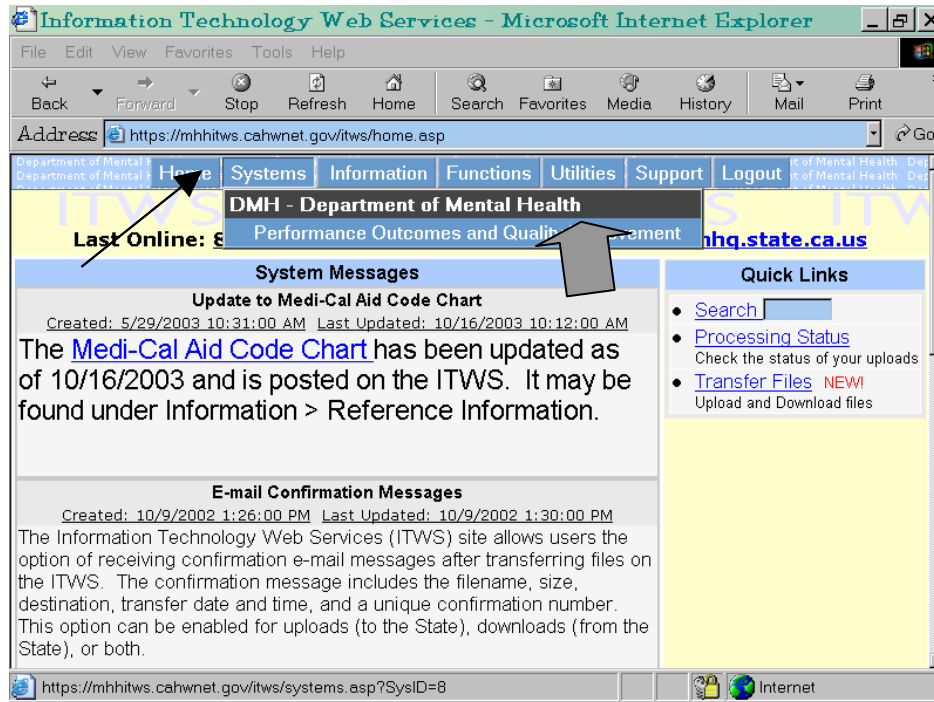
1. An *authorized* user accesses the POQI web-based data reporting website at <https://poqi.dmh.ca.gov/pods/poqi/>
2. You will see the following screen shown in Figure 6.A. If not, check the URL carefully and try again.

**Figure 6.A**



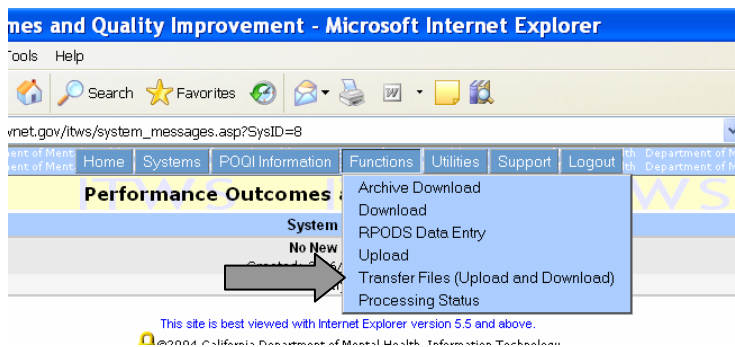
3. Login by entering your ITWS Username & Password in the ITWS Login box on the right hand side of the screen (Figure 6.A, above).

4. Click on 'Systems' and a drop-down menu appears (skinny arrow Figure 6.B, below).

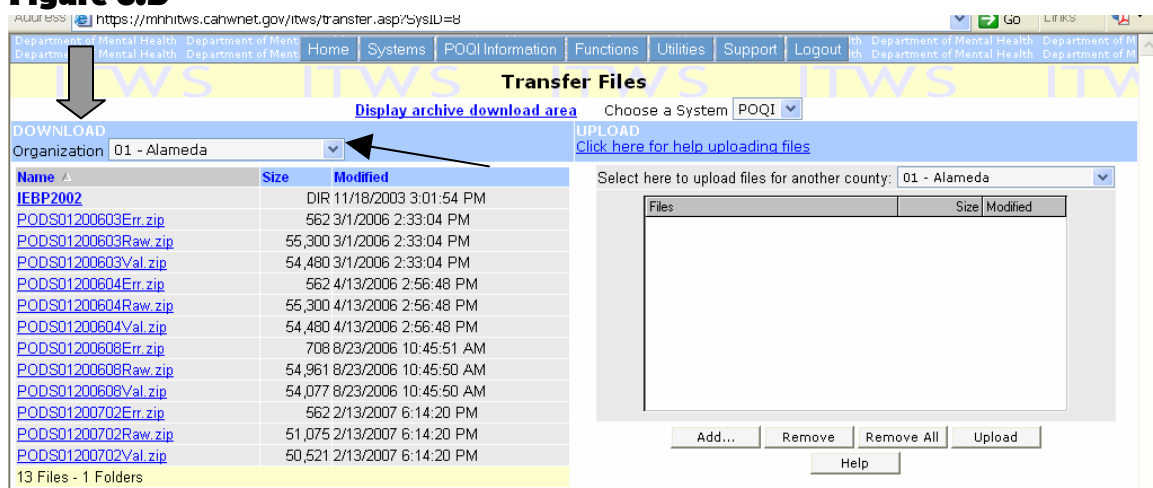
**Figure 6.B**

5. Next, select the 'Performance Outcomes and Quality Improvement' system, highlighted in blue (gray arrow, Figure 6.B, above).

- Click on the 'Functions' button at the top and then from the drop-down menu select *"Transfer Files (Upload and Download)"*. See Figure 6.C, below.

**Figure 6.C**

- The "Transfer Files" page appears and this time you want to focus on the left hand side of the page, which is for downloading, see the arrow in Figure 6.D below.

**Figure 6.D**

- Use the dropdown menu to locate your county, see skinny arrow in Figure 6.D, above.
- In the window on the left there should be three zipped data files.

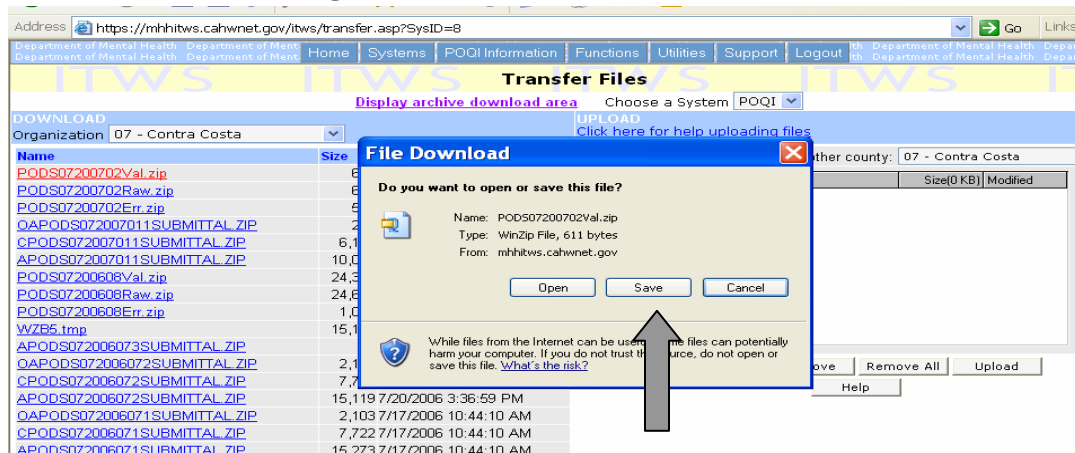
► **Raw file** - Contains unchecked data. This is exactly how data initially entered the DMH database. The file name will contain the word 'raw.'

► **Error file** - Contains records that had errors. The last column of each record indicates which variables had errors. The file name will contain the word 'err.'

► **Validated file** – Contains records that were accepted by the DMH validation program. The file name will contain the word 'val.'

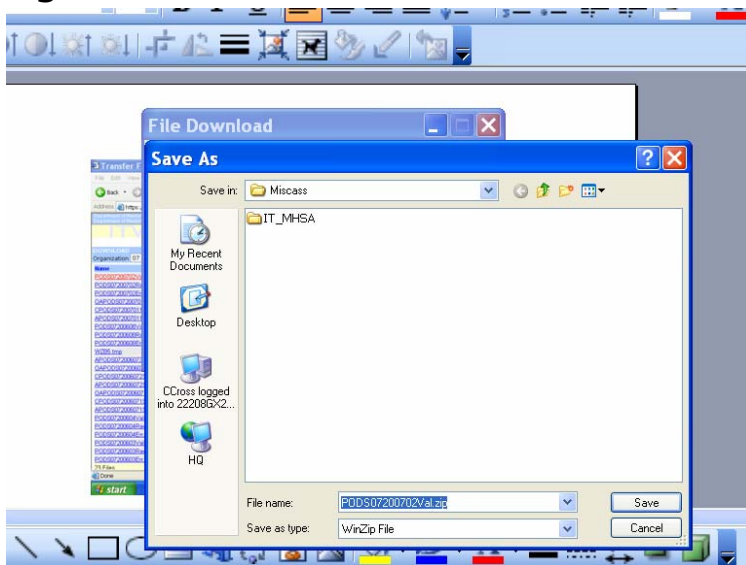
10. When you see the *File Download* box (Figure 6.E, below), click on *Save*.

**Figure 6.E**

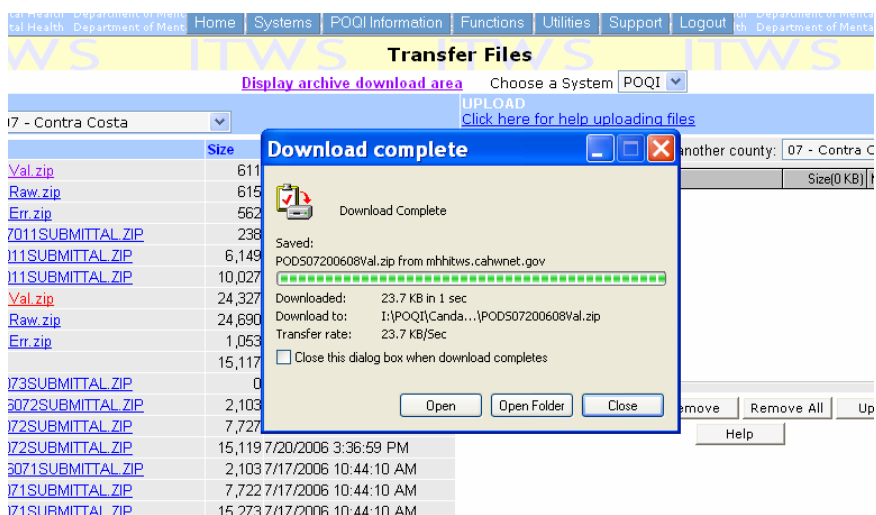


11. 11. Decide where you want to save this file on your local computer/system, see Figure 6.F, below.

**Figure 6.F**

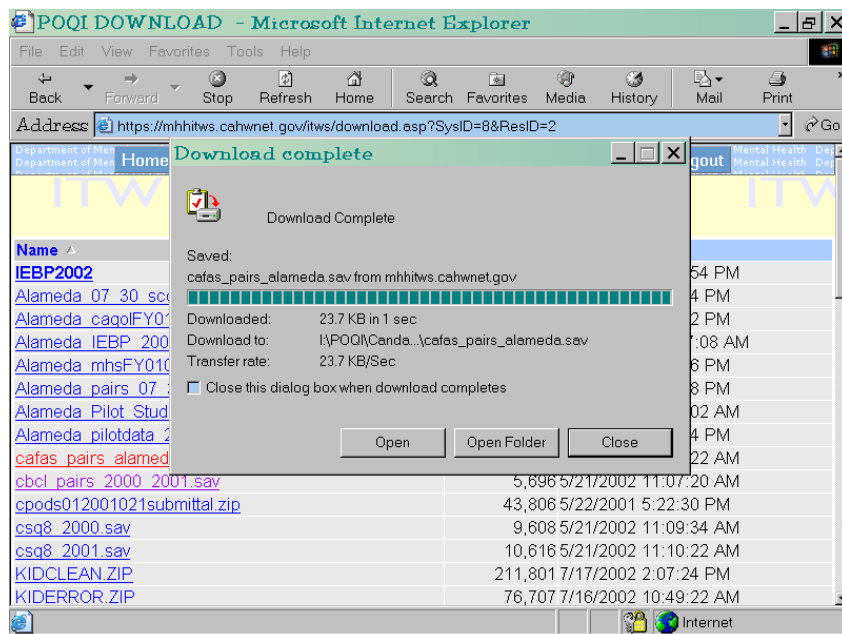


12. When the download is complete, you will see the box shown in Figure 6.G., below.



13. , Select 'Open' if you want to open the files or you can select 'Close.' And you have your data!

**Figure 6.G**



## 6.2 Reading the Tables

To make sense of the tables, you will need to consult the data dictionaries which are online at <http://www.dmh.ca.gov/poqi/podd.asp>.

### Summary

The POQI Unit is committed to helping you get your data submitted in a timely fashion. We suggest that if things go wrong, first re-read the manual. Then, you may email or call our POQI unit for help. The main email for the POQI unit is [poqi.support@dmh.ca.gov](mailto:poqi.support@dmh.ca.gov) or you may phone any of us at the following numbers. Thank you!

|                     |              |
|---------------------|--------------|
| Alice Chen          | 916-654-3560 |
| Candace Cross- Drew | 916-653-4582 |
| Traci Fujita        | 916-653-3300 |
| Brenda Golladay     | 916-654-3291 |
| Marti Johnson       | 916-654-3115 |
| Minerva Reyes       | 916-654-3685 |
| Stephanie Oprendeck | 916-653-3517 |



## Appendix A:

### County Identifier Code (CSI Codes)

### (Reported for County/City Submitting Record)

| Code | Name         |
|------|--------------|
| 01   | Alameda      |
| 02   | Alpine       |
| 03   | Amador       |
| 04   | Butte        |
| 05   | Calaveras    |
| 06   | Colusa       |
| 07   | Contra Costa |
| 08   | Del Norte    |
| 09   | El Dorado    |
| 10   | Fresno       |
| 11   | Glenn        |
| 12   | Humboldt     |
| 13   | Imperial     |
| 14   | Inyo         |
| 15   | Kern         |
| 16   | Kings        |
| 17   | Lake         |
| 18   | Lassen       |
| 19   | Los Angeles  |
| 20   | Madera       |
| 21   | Marin        |
| 22   | Mariposa     |
| 23   | Mendocino    |
| 24   | Merced       |
| 25   | Modoc        |
| 26   | Mono         |
| 27   | Monterey     |
| 28   | Napa         |
| 29   | Nevada       |
| 30   | Orange       |

| Code | Name            |
|------|-----------------|
| 31   | Placer          |
| 32   | Plumas          |
| 33   | Riverside       |
| 34   | Sacramento      |
| 35   | San Benito      |
| 36   | San Bernardino  |
| 37   | San Diego       |
| 38   | San Francisco   |
| 39   | San Joaquin     |
| 40   | San Luis Obispo |
| 41   | San Mateo       |
| 42   | Santa Barbara   |
| 43   | Santa Clara     |
| 44   | Santa Cruz      |
| 45   | Shasta          |
| 46   | Sierra          |
| 47   | Siskiyou        |
| 48   | Solano          |
| 49   | Sonoma          |
| 50   | Stanislaus      |
| 52   | Tehama          |
| 53   | Trinity         |
| 54   | Tulare          |
| 55   | Tuolumne        |
| 56   | Ventura         |
| 57   | Yolo            |
| 63   | Sutter/Yuba     |
| 65   | Berkeley City   |
| 66   | Tri-City        |
|      |                 |

## Appendix B:

### Language Codes for Instrument Translations

(Sorted Alphabetically by Language)

| Code      | Language             |
|-----------|----------------------|
|           |                      |
| <b>AR</b> | Armenian             |
| <b>CA</b> | Cambodian            |
| <b>CH</b> | Chinese              |
| <b>EN</b> | English              |
| <b>FA</b> | Farsi                |
| <b>HM</b> | Hmong                |
| <b>KO</b> | Korean               |
| <b>MN</b> | Mien                 |
| <b>RU</b> | Russian              |
| <b>SP</b> | Spanish              |
| <b>TG</b> | Tagalog              |
| <b>VI</b> | Vietnamese           |
| <b>OT</b> | Other                |
| <b>99</b> | Missing/Not Reported |